

# THE AMA NEWS

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December 29, 1958

The Newspaper of American Medicine

## Capsules of the NEWS..

**Measles:** Deaths caused by measles outnumbered poliomyelitis deaths in 1957, for the first time in 14 years. In '57 there were an estimated 410 measles deaths, 220 from polio. In '44: measles 1,923; polio 1,361. Number of measles cases reported through late November of this year: 733,000—a sharp jump from the 464,000 cases reported in all of 1957. Drug companies hope to perfect measles vaccine within a year.

**MDs Mail:** A recent survey showed more than 50% of the physicians open their own mail. See story page 14.

**Legislation:** Rep. McDonough (R-Calif.) plans to introduce a bill in the 86th Congress making it a federal offense to ship a new car (starting with 1960 models) across a state line unless equipped with a gadget to control exhaust fumes. He blames auto exhausts for creating smog.

**Doctor Barred:** The personal physician of Pope Pius XII, Dr. Galeazzi-Lisi, has been barred from practicing medicine in Italy because he wrote and sold articles on the pope's last hours.

**Reminder:** New Social Security tax rate goes up in 1959. Rate for physician-employers and their employees increases from 2¼% to 2½%. See story page 14.

**Quick Cures:** There have been 53 federal indictments in the last three years against purveyors of phony cures for rheumatism and arthritis. Dr. R. W. Lamont-Havers, Arthritis and Rheumatism Foundation, said: "There is no magic pill that will cure arthritis."

**Prescriptions:** Recent survey disclosed that 90% of the 750 million prescriptions written annually are for medications and products not available even 10 years ago, Dr. Raymond C. V. Robinson, U. of Maryland, said.

**Labeling:** New York City's Board of Health soon will impose new and stricter regulations governing labeling of industrial and household compounds which cause about 2,000 accidental poisonings annually in that city.

**Bat Bite:** A California woman died after being bitten by a bat. If clinical diagnosis of rabies is confirmed it will be the first clear-cut case of human rabies following a bat bite reported in U.S., says Public Health Service.



BABY CHICK is fastened in a special cage by Maj. H. C. Barnett, Walter Reed Army Institute of Research, during experiments on transmission of Japanese B encephalitis virus.

## Research Team Traps Mosquito

A four-year effort by Army researchers has resulted in the discovery of a new carrier of Japanese encephalitis virus.

The studies, begun in the jungles of Malaya and completed in the laboratories of Walter Reed Army Research Institute in Washington, D. C., established that the Malayan mosquito, *Culex gelidus*, not only is a carrier but is also much more dangerous than the previously known carrier, the mosquito *Culex tritaeniorhynchus*.

Tests were made on 320,000 mosquitoes. As a result, 18 strains of Japanese encephalitis virus and 15 strains previously unknown to science were isolated. Then it was learned that 14 of the 18 encephalitis strains came from *Culex gelidus*.

Major Herbert C. Barnett and Dr. Douglas J. Gould, both of Walter Reed Department of Entomology, went to Malaya and returned with 8,500 living *Culex gelidus* and 20,000 larvae. Major Barnett and his staff hope eventually to develop preventive measures.

## A New Year's Message

The American Medical Association extends to its physician members everywhere sincere best wishes for the New Year.

It is our prayer that 1959 will bring you continued strength and wisdom to guide you in the fulfillment of your responsibilities as a physician.

As we enter the New Year may we be ever mindful of our obligations to our neighbors and our communities along with the many urgent demands on our profession. And may all of us constantly strive to make even greater contributions in the restoration of health to the bodies of the afflicted and the suffering.

May we always be sincere in giving advice, skillful in healing, kind

## Forced Assessments Improper, AHA Says

### Doctors Waive Children's Fees

Physicians in the four Chicago Hospitals caring for burned victims of Our Lady of the Angels school fire are waiving their fees to the children's families.

Arthur J. Snider, *Chicago Daily News* science writer, reported that the contribution is conservatively estimated to be \$150,000. It could exceed \$200,000, depending on the amount of long-term care required by some of the youngsters, Snider said.

Hospital bills of Chicago patients will be handled through the Catholic Archdiocese and the fund started by Richard J. Daley, Chicago mayor.

The bills will reflect contributions made by Pharmaceutical Manufacturers to the hospitals.

Several sent supplies immediately. Others said they would replace any of their pharmaceuticals used.

The contribution of the industry is estimated to exceed \$75,000.

Forty-eight burn victims were in the hospitals, 36 of them were there for Christmas. (See story of school fire on page 8.)

### Building an Office Or Going Fishing?

Next issue of *The AMA News* will offer suggestions by an architect to physicians planning to build or redecorate their offices.

The same Jan. 12 issue will contain a guide to the best winter fishing spots in North America, from Ontario to Mexico.

Hospitals have been told by their own organization that it is improper for them to make compulsory assessments against their medical staff members.

The stand taken by the American Hospital Assn. is similar to that taken by the House of Delegates of the American Medical Association in June, 1957, and reiterated a year later.

The AHA Board of Trustees' statement is to advise member hospitals that:

• "It is improper in principle to assess medical staff members on a compulsory basis for the day-to-day operation of the hospital.

• "New hospital construction should be in response to a community need recognized not only by the hospital governing board but also by the hospital medical staff.

• "It is vital to the success of a hospital's fund-raising campaign that the support and interest of the hospital medical staff be obtained prior to the campaign.

• "Giving by the hospital medical staff should be on a voluntary basis, its campaign quota being set jointly by the hospital governing board and the hospital medical staff."

AMA's House of Delegates set forth its views in adopting a resolution regarding hospitals which promote "schemes of compulsory donations which are ostensibly voluntary, but which amount to an assessment for continuation of staff appointments."

The delegates condemned compulsory assessment of medical men and staff members by hospitals in fund raising campaigns and said any physician approached in such a manner should report the fact to the secretary of his medical society.

Dr. Edwin L. Crosby, director of the AHA, said that organization's statement will be published in *Hospitals*, journal of the AHA, and in *Trustee*, so that administrators and trustees of hospitals throughout the U.S. will know AHA's position.

### Now You Can Get The News at Home

Physicians who would prefer to have *The AMA News* sent to their homes rather than to their offices may now do so by writing: *The AMA News*, Circulation Dept., 535 North Dearborn, Chicago 10, Ill.

Be sure to enclose mailing label from your copy of *The News*. Please include in your home address the postal zone number if your city has zone numbers.

and gentle in preparing our patients and their families for the mysteries of illness. We should so conduct ourselves that each of us will fully deserve the honor that befits a member of our noble profession and the great confidence reposed in us by our patients.

Let us join together in upholding the principles and the freedoms that have contributed so much to the health and well being of all the people. And let us guard and keep the great traditions of American medicine so that tomorrow's children will have as great a reverence for the healer and the healing arts as have other children down through the centuries.

Dr. Gunnar Gundersen  
President, A.M.A.



## Local Anti-Polio Campaigns Urged

Intensive campaigns by local communities for vaccination against polio will be necessary if millions of Americans under 40 are to be protected before next summer, agreed 30 representatives from medical and health groups meeting in Washington.

"With 72 million Americans vaccinated with at least one shot, this has been one of the most successful health campaigns of recent years," Dr. Edgar Martmer, Detroit, representative of American Medical Association, said. "But now we need to finish the job."

There was more paralytic polio in the U.S. in 1958 than in 1957, although considerably less than had occurred in any of the previous 15 years, Dr. Leroy E. Burney, surgeon general of the Public Health Service, reported to the group.

The representatives were called to Washington by Dr. Burney to review the polio experience during 1958 and plan for more vaccinations before next summer.

**AMA Proposals:** The conferees hailed as an important step the resolution adopted by AMA's House of Delegates at Minneapolis which recommended that:

- Each physician assume responsibility for making sure that all members of families he sees are fully vaccinated;

- State medical societies work with state health departments to bring county and local medical societies together with health departments to work out vaccination programs;

- County medical societies meet with local health departments to survey local problems and devise ways to meet local situations.

USPHS officials said the percentage of established paralytic cases in 1957 was 36.2 while in 1958 it rose to 59.3. Through Nov. 22, 1958 a total of 5,563 cases had been reported, of which 2,810 were paralytic.

**Special Effort:** Attack rates in 1958 were highest in one-year-olds, with more than 50% of all paralytic cases occurring in children under 5. A special effort is needed, the conference agreed, to promote vaccination of children under 5.

Lack of interest in vaccinations has USPHS worried. "In 1958 only 44 million doses were shipped," an agency spokesman said. "This is barely half the amount used in 1957, although less than half of the population under 40 has been adequately vaccinated."

Those attending the conference agreed that the point has been reached in most communities at which "face to face" campaigns will be necessary to reach persons who have not responded to polio vaccination programs conducted by the National Foundation, AMA, USPHS, and other organizations.

## Directory Published

A directory of psychiatrists and psychiatric facilities in Southern California has been published by the Southern California Psychiatric Society. Copies are available by writing the society at 427 North Camden Drive, Room 104, Beverly Hills, Calif.

## Art an Anatomy

# MD Repays Favor to Da Vinci

Leonardo da Vinci, 15th-century Italian artist, brought anatomy to life for Dr. Elmer Belt, 20th-century American urologist.

And Dr. Belt has repaid the favor by founding this nation's largest collection of Vinciana, so that others may enjoy and learn from the Renaissance master.

Here is how it began: While still a medical student laboring through texts on anatomy, Dr. Belt came upon a volume of Leonardo on the subject he was studying, Dr. Belt recalls:

"My eyes swept on and as stiff pages turned, anatomy came to life; a text illegible, but there lay page after page of living drawings; anatomy made real by the greatest of all masters. Here was what the study of anatomy could be, and from then on was: a thing of beauty."

The study of this volume was responsible for the Elmer Belt Library of Vinciana, 1893 Wilshire Blvd., Los Angeles. The library consists of more than 9,500 books and articles, including facsimiles of all of Leonardo's manuscripts as well as most of the works about him and a good share of the books which Leonardo read, in the editions he may have used.

Each year the library answers more than 2,000 queries from all over the world. It has made available to schools and libraries traveling exhibits of Leonardo's drawings in facsimile, and it functions as an aid to the University of California Extension Division.

Leonardo, painter of the *Last Supper* and the *Mona Lisa*, was also a sculptor, architect, musician, military and municipal engineer, and inventor. His contributions to the study of anatomy are so great that a 67-page book written by Dr. Belt does scarcely more than outline them.

Dr. Belt believes that many doctors are not fully aware of Leonardo's contributions to a better understanding of the human body. It was Leonardo who first drew the fetus in the correct position in the uterus, first illustrated the proper double curvature of the spine, the true tilt of the pelvis and the proper number of vertebrae, first showed accurately the bones of the hand, and first depicted cross-section anatomy and devised the "exploded" views which are so common today.



LEONARDO'S WORKBOOK showed for the first time a fetus in correct position at term. This is a portion of a page copied from a facsimile edition in Dr. Belt's library.



IN THE LIBRARY of Vinciana at Los Angeles are Dr. Michael Woodruff, University of Edinburgh, Scotland; Dr. Elmer Belt; and Mrs. Louise Darling, librarian of the UCLA biomedical library.

## Diagnosis of Mona Lisa

Mona Lisa is a pregnant woman, and the smile that has intrigued viewers for centuries reveals "the placid satisfaction of pregnancy," says a leading British authority on medical history.

Dr. Kenneth D. Keele, of Middlesex, England, visiting professor at the Yale School of Medicine, said Leonardo da Vinci's famous portrait represents the artist's idea of the creation of man and of the world.

Dr. Keele, who has studied the painting for 30 years, thinks the facts that the model sits well back in her chair, has turned with what appears to be a slow movement, has matronly outlines, that her dress falls in heavy, vertical lines into her lap, and her hands are unusually full all support his theory of pregnancy.

He further noted that Leonardo was a student of anatomy and that he showed "an intense interest in anatomy and pregnancy during those years he painted the *Mona Lisa*."

Other authorities believe Mona Lisa was married in 1495 and lost her only child before Leonardo began the portrait. The painting was started sometime between 1500 and 1503 and was finished in 1506. Lisa's husband, Zanobi del Giocondo of Florence, is



Pregnant?

known to have had a son, but the mother is believed to be an earlier wife.

As for the smile, Agnolo Firenzuola, writing in 1541 in *Della Perfetta Bellezza D'Una Donna*, gives ladies of fashion instructions in how to smile on the left sides of their faces. Sigmund Freud saw the smile as the remembered smile of the artist's mother.

## Hospital Accreditation Group Elects Officers

Dr. John Brewer, Chicago, was elected chairman of the Joint Commission on Accreditation of Hospitals at a recent meeting of the organization in Chicago.

The group elected Dr. Frank Bradley, St. Louis, vice chairman, and Stewart Hummel, Milwaukee, treasurer.

The commission also received the formal announcement of withdrawal from the organization by the Canadian Medical Association.

The Canadians are starting their own Council on Accreditation but will maintain close liaison with the U.S. group. The Joint Commission will thus be made up of the American College of Physicians, American College of Surgeons, American Hospital Assn., and the American Medical Association.

## Administrator Need Forecast

A University of Chicago spokesman said an increasing number of qualified hospital administrators will be needed in the future.

Speaking recently at the first National Symposium on Graduate Education for Hospital Administration, Ray E. Brown, superintendent of the University of Chicago Clinics, said:

"The need for trained hospital administrators will arise because of the rapid increase in hospital construction and because of the increasing complexity of hospitals."

The symposium was the highlight of the 25th anniversary of the university's Graduate Program in Hospital Administration.

Fourteen schools are members of the Association of University Programs in Hospital Administration.

## Carved Soap Wins Medical Contest

Nineteen bars of soap delicately carved into models of the human brain, eye, ear, kidney, liver, spleen, lung, and other vital organs now are a part of the collection of the Louisville Library Museum.

The models were carved by eighth grade students and won first prize in a contest sponsored by the Jefferson County Medical Society. The contest was held to acquire for the Museum a collection of teaching exhibits in medical science which might stimulate children to undertake further studies in biology and medicine.

The students used pictures from medical books as guides and used model airplane enamel to color their soap models. They said they would use their \$25 prize money to buy tropical fish and other equipment for an aquarium in the science class.





Arthur Kemp



F. G. Dickinson

## Economic Dept. Director Named

Arthur Kemp, Ph.D., has been named director of AMA's Economic Research Department. He is a professor in the economics department of Claremont Men's College and Claremont Graduate School, Claremont, Calif.

Dr. Kemp succeeds Frank G. Dickinson, Ph.D., who joined the staff of AMA in 1946 after teaching economics at the University of Illinois for 25 years. He originated the Dickinson Football Rating System, his hobby from 1924 to 1940.

Dr. Dickinson said he plans to do consulting work and later to conduct research under the sponsorship of a research foundation.

Dr. Kemp, who is 42, has been at the Claremont school since 1953. He also is consultant to Hoover Institute and Library, Hoover Institute Studies Series.

He has been an editorial and research assistant to Herbert Hoover since 1943, assisting in the preparation of books, periodical articles, statements, and addresses.

Dr. Kemp has been a member of the faculties of New York University, Adelphi College at Garden City, N. Y., New Haven Junior College of Commerce at New Haven, Conn., Yale University, and Earlham College at Richmond, Ind. He served as statistician in the office of the air surgeon at Randolph Field, Texas, during World War II.

He received his bachelor's degree from the University of Buffalo, Buffalo, N. Y., his master's degree from Northwestern University, Evanston, Ill., and his doctorate from New York University.

## Nursing Grants Total \$6 Million

The Public Health Service will award \$6 million this year to colleges and universities for grants to registered nurses for advanced preparation in administration, supervision of nursing service, and teaching methods.

About 1,500 registered nurses will benefit from these grants, Dr. Leroy E. Burney, surgeon general of the service said.

The appropriation by Congress for the Professional Nurse Traineeship Program was doubled for fiscal 1959.

A limited number of traineeships will be given to nurses now enrolled in baccalaureate programs in nursing.

Thirty-nine additional schools are being offered traineeship funds this year, bringing the total number of schools to 99.

At a national conference in Chicago in August, nursing and health leaders recommended that the program, authorized by Congress for three years in Health Amendment Act of 1956, be continued at least five more years.

# AMA Administration Streamlined

A number of major changes have been made in recent months in the administrative structure of the American Medical Association in an effort to streamline and strengthen the 111-year-old organization.

In commenting on the changes, AMA's policymaking body, the House of Delegates, said that the centralization of responsibility and authority for administration of the affairs of the association and the reorganization of the headquarters staff "is a long and important step in the right direction."

For administrative purposes, AMA's headquarters staff has been divided into seven divisions:

1—A Business Division, headed by Business Manager Russell H. Clark, includes advertising and circulation departments of AMA publications, as well as all other business activities.

2—A Law Division, headed by C. Joseph Stetler.

3—A Communications Division, headed by Leo Brown, will coordinate for the first time under one management all methods of communication—press, radio, television, films, and exhibits.

4—A Field Division, under the direction of Aubrey Gates, with a staff of four field representatives. This new operation will serve as a link between AMA and the grass roots.

5—A Division of Scientific Publications includes editorial departments

## Poisonous Smog Still Taking Toll

Ten years ago a poisonous smog settled on the steel mill town of Donora, Pa., (Pop. 12,300) killing 12 persons and making nearly half the population ill in the five days it stayed.

A recent study by University of Pittsburgh's department of biostatistics revealed these long term effects:

Donora residents who became ill in 1948 have since shown a higher death rate and a higher frequency of disease than those unaffected by the smog.

Death rate from arteriosclerotic heart disease has been running more than twice as high among men in the smog affected group than for the non-affected males.

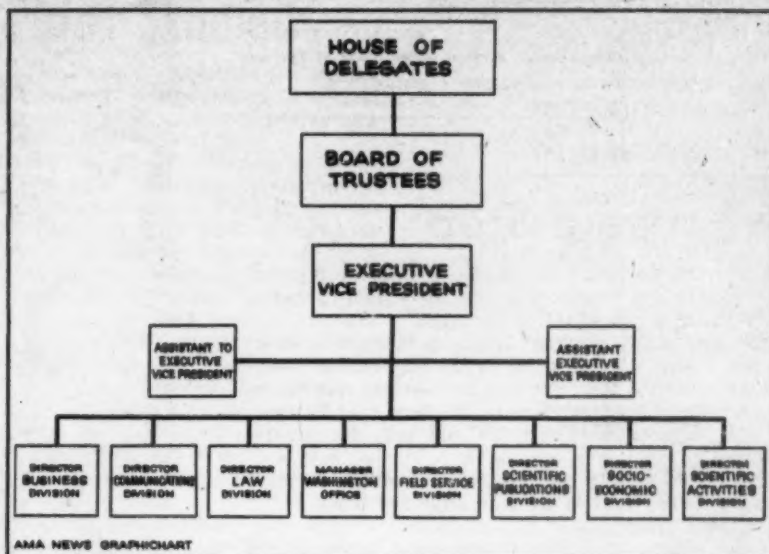
The Pittsburgh investigation interviewed 4,092 persons.

## Radioactivity Level Still 'Permissible'

Nuclear weapons testing still has not brought the level of radioactivity in the nation's milk supply beyond the "permissible level."

Public Health Service, reporting on tests in August at 10 sampling stations over the country, says declines from July in strontium-90 levels were noted for the milksheds serving Austin, Cincinnati, Fargo, N.D., New York City, Salt Lake City, and St. Louis. Slight increases were reported for the Atlanta, Chicago, and Sacramento areas.

Tests for four other specific radioactive elements in milk showed variations of radioactivity level, but in no case was a permissible level exceeded.



of all the association's scientific journals.

Dr. J. F. Hammond, associate editor of the *Journal of the American Medical Association*, replaced Dr. Austin Smith who resigned as editor.

6-7—The remaining two divisions, Socio-Economic Activities and Scientific Activities, still are in the process of development and are temporarily under the direction of Dr. Ernest B. Howard, assistant executive vice president.

**Improved Coordination:** The Division of Socio-Economic Activities will provide improved administrative coordination among councils, such as the Council on Medical Service, Rural Health, and National Defense, among others, which work primarily in this field. A physician will be employed to fill the directorship of this division.

Arthur Kemp, Ph. D. has been named director of the Economic Research Dept. (formerly the Bureau of Medical Economic Research) succeeding Frank G. Dickinson, Ph. D., who retired.

Dr. F. J. L. Blasingame, executive vice president, said the AMA contemplates a stepped-up program of socio-economic research.

The Division of Scientific Activities will include such councils as the Council on Medical Education and Hospitals, the scientific councils of the Department of Therapy and Research, Council on Scientific Assembly, among others. All scientific activities of the association will be coordinated through this division.

A special committee composed of Drs. George M. Fister, Ogden, Utah (chairman); Norman Welch, Boston, Mass.; J. Lafe Ludwig, Los Angeles; Hugh H. Hussey Jr., Washington, D. C., and the late Warren Furey, Chicago consulted at length with the Committee on Legislation and with all staff personnel involved in legislative activity before recommending a fresh concept of AMA's legislative activities.

**Legislative Activities:** The new legislative approach will be a nationwide effort.

The Council on Legislative Activities, formerly the Committee on Legislation, will be the important focal point around which the organization's legislative activities revolve. In addition to reviewing legislation and initiating appropriate field action, the council also will participate in

planning overall legislative programs. Stetler has been named secretary of the council.

Another key element in AMA's overall legislative program is the new field service. This staff will work with medical societies and help promote liaison with agencies, organizations, and persons outside medicine.

Its aim will be to improve AMA's grass roots contacts with the Congress and to help state and county societies to do likewise.

**Washington Office:** AMA's Washington office has been reorganized. The office will be further strengthened by the addition of other experienced personnel "of the highest caliber." Negotiations already are under way to employ such men.

The Washington office will be coordinated in the association's nationwide program with the overall direction coming from the Chicago headquarters.

"This is entirely possible in an age when Washington and Chicago are only seconds apart by telephone and two hours apart by air," the Board of Trustees said.

The House of Delegates commended the Board of Trustees "for the far-sighted approach which they have taken in the formulation of reorganization" and Dr. Blasingame "for the dispatch with which he has placed them into operation."

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## AMA NEWS

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### Editorial Viewpoint

## A Forward Step

American medicine has taken a positive, forward step in a major effort to solve the rapidly growing problem of health care for the aged.

Earlier this month the American Medical Association's House of Delegates urged physicians everywhere to adjust their charges for medical services to the economic circumstances of "persons over 65 years of age with reduced incomes and very modest resources."

State and county medical societies and individual doctors were asked to expedite implementation of the program.

This action by AMA's policymaking body cleared the way for the development of insurance and prepayment plans at reduced premium rates for certain senior citizens.

Such a program, when finalized, will meet the medical care needs of this old age group while still retaining the American heritage of freedom. And it will make it possible for the individual in life's golden years to meet his own needs with dignity.

Reaction to the medical profession's approach to this national problem was immediate.

Blue Shield Medical Care Plans throughout the nation said they "stand ready to implement the AMA action."

At a special meeting of the Health Insurance Association of America, a resolution was adopted setting forth principles designed "to promote more rapid spread of hospital, medical, and surgical insurance among people aged 65 and over."

Other groups are expected to draft similar low cost programs.

While the problem of hospital expense has not been worked out, every effort is being made to solve it, too.

It is fitting that the medical profession should provide the leadership so necessary in the development of this program because medicine and its related fields are largely responsible for the nation's expanding longevity.

But the physicians cannot do the job alone. Medicine and the insurance industry must join together in a program to keep medical care costs at levels individuals in certain old-age groups can afford. Unless this is done, the consequences could be disastrous.

This is perhaps our most important challenge—now and in the future.

## 'Good Health' in '59

The year 1958, now in its twilight hours, brought no startling discoveries in the world of medicine. But during the year there was remarkable progress in vital fields of research and practice.

Important scientific advancement was recorded in space medicine and mental health, and in the fight against diabetes, staphylococci, cancer, and heart diseases, to name a few. And while this progress is not dramatic in itself, it brought researchers nearer discoveries that undoubtedly will prove to be major breakthroughs in the months or years ahead.

A peek into the future, however, indicates that 1959 could be a banner year as far as the health of the nation is concerned. Steps already have been taken to solve the problems rising out of a growing old-age population. And the new year also will see increased activity in medical research, particularly in the study of heart diseases, chronic ailments, and cancer.

The dawn of a new year always brings new hopes to the suffering and new inspiration to the scientists and practitioners. It is the prayer of all that the traditional new year's wish of "good health" will have a real meaning to many before 1959 becomes history.

## The Lost Cure

• Said a patient to his physician: "I'm worried, doctor. My wife hasn't spoken to me in four days, and for the life of me I can't remember what I said to shut her up."

## Looks Like The Healthiest Yet



### As Others See It

## To Comfort Always

Journal of Medical Assn. of Georgia

"To cure sometimes, to relieve often, to comfort always"; this quotation appears on the statue erected to the honor of Francis Trudeau at Saranac Lake. These few words actually summarize the physician's function in his practice of medicine.

In this age of antibiotics, increasing specialization, and laboratory medicine, many of us tend to lose sight of our primary function in the care of patients. Regardless of how specific our diagnostic and therapeutic aids may become, we still must be willing and able to communicate effectively with our patients if we are to function well in the healing of the sick.

Scientific knowledge has become an indispensable tool of the modern physician, and no one can be a good doctor today without competent and adequate scientific training. But more is needed to practice good medicine, which has remained an art while becoming a science. It is today a far-advanced science. But in addition—it has always been and will always be—an art. The secret of healing derives not only from knowledge, but from the human qualities of the healer as well. That physicians of the sixth decade of the twentieth century should have to discover man has a psyche as well as a soma is a travesty on modern medicine. In spite of this apparent "new discovery," many of us still give only lip service to the emotional aspects of the problems of the patient.

There are plenty of capable physicians, the need is for physicians who are nice to people. To some, this art seems to be inherent; to others it has to be a conscious and planned part of their behavior. We frequently look askance at those members of our profession who have developed the art of being nice to people to such a high degree while allowing their scientific knowledge to deteriorate. These individuals invariably have highly successful practices much to the dismay and chagrin of their more scientifically oriented colleagues. The patients of these physicians are unusually loyal. Because of our disdain for the professional qualifications of this type of physician, many of us swing rather far in the opposite direction. We sometimes erroneously associate the quality of being "too nice" to our patients with professional mediocrity. Nothing could be farther from the truth.

Indeed one gets the impression when talking with an occasional consultant that he dare not be "too nice" to the patient lest his standing as a consultant be questioned. These individuals, fortunately, are rare. The fact remains that in our training in scientific medicine the art of being nice to patients is insufficiently stressed. It seems ironic that as our scientific knowledge is advancing at such a rapid rate our appreciation of the very basic art of medicine is diminishing with alarming rapidity. Are our viewpoints too limited to encompass the whole picture? Let us not miss the boat in our zeal for more scientific understanding of disease and lose the very foundation of medical practice—patient understanding. With this quality, the practice of medicine as we know it can withstand any storm. Without it, patients and doctors alike will have a hard road ahead.

### Guest Editorial

## The Continuing Country Doctor

New York Herald Tribune

In the nostalgic literature of America, much is written about the good old country doctor, but you hardly hear about him any more. For this is the age of the specialist. There seems to be an expert for every part of the body from head to toe, and it's often hard to know where their spheres of influence end. A patient could easily go to an upper colon man, for instance, when it's really his lower colon that's awry. There also are specialists for the different phases of human life, and the seven ages of man take us from the pediatrician at one end to the geriatrician at the other.

Consequently, we were glad to see that the American Medical Association, meeting in annual session this week, gave an award to Dr. Lonnie A. Coffin, of Farmington, Iowa, who has been a general practitioner in that town for more than forty years—in fact, he has been its only doctor for the last sixteen. Dr. Coffin, who is now sixty-eight, began as a horse and buggy doctor, going over field and stream to make his calls, and he still covers a lot of ground, though presumably he drives something with more horsepower than a horse. "The way I practice medicine," he said in accepting his award, and ignoring the fact that he had a heart attack eight years ago, "is seven days a week and whenever I'm needed."

That of course is the way all good doctors, rural and urban, general and specialist, practice medicine. Their dedication is one of the constants in a field where treatments change, often very dramatically, from year to year. It is the bond that links all physicians of all ages. In this sense every doctor, even the great city specialist, is a country doctor at heart.

## Quotes

Rear Admiral H. G. Rickover, father of the atomic submarine: "Service ceases to be professional if it has in any way been dictated by the client or employer. The role of the professional man in society is to lend his special knowledge . . . to whatever task is entrusted to him. Professional independence is not a special privilege but rather an inner necessity for the true professional man, and a safeguard for the general public. Without it he negates everything that makes him a professional person."

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**MEDICAL TEACHING**, research and clinical care were geographically brought together for the first time at the University of Michigan, Ann Arbor, last fall with the opening of the new Medical School and School of Nursing, at left and center in the picture. The new buildings are joined to the main University Hospital by an elevated passageway. The entire facility has been named the University of Michigan Medical Center.



**A 400-BED TEACHING HOSPITAL** (right) is the last major unit under construction at the new \$30 million West Virginia University Medical Center at Morgantown. Clinical instruction of medical students will begin with the 1960 fall term. For many years the university offered only a 2-year medical education. The 1958-59 first-year class is expected to be the first to receive all four years of training at the center.

## Stating It Briefly

**Too Healthy:** Dr. Mikio Kato is considering leaving Tangier Island, Va., in Chesapeake Bay because the 1,100 residents are so healthy "I'm getting rusty." He came to the island 20 months ago from Kobe, Japan, and has married one of the island's residents. "Business is getting dull," he said. "Some days I have only one or two patients. And then I may have none at all. It has been almost a year since I've done an operation. There just aren't many sick folks on the island. They're a healthy sort of people."

**Replacement:** Dr. Benjamin B. Souster of St. Paul has been named president-elect of the Minnesota State Medical Assn. to replace Dr. Carl B. Drake, also of St. Paul. Dr. Drake resigned on advice of his physician. Dr. Souster has been MSMA secretary since 1938.

**Honors:** Dr. George R. Creekmore and Dr. S. Carnes Harvard were honored by citizens of Brooksville and Hernando County, Fla., for their service to the community. Dr. Creekmore has practiced there for four decades, Dr. Harvard for 25 years.

**Fatal Accident:** Dr. Raymond R. Lanier, 44, head of the radiology department at the University of Colorado Medical Center, Denver, was injured fatally in a hunting accident Nov. 24 in Colorado. Dr. Lanier was the central figure in a national controversy three years ago when he warned that radioactive dust from the Nevada atomic tests had become a public health menace.

**Photo Contest:** Physicians who are members of the Wisconsin State Medical Society have been invited to enter the first Physicians' Photography Contest sponsored by that society. Deadline is Feb. 15 for entries in five classes.

**Younger MDs:** Physicians in Mississippi are younger and more numerous than ever before, reports the *Newsletter* of the Mississippi State Medical Assn. Six out of 10 are age 49 or less and more than a third are under 40. Total physician population now is 1,633. Since 1952, state population has decreased about 4% while doctor total increased 12%.

**Diabetes Test:** 7,370 people registered for the free test for diabetes during Diabetes Detection Week in New York City. The goal was 5,000.

**Journals Abroad:** The Woman's Auxiliary to the Alameda County, Calif., Medical Society is promoting sending old medical journals to doctors overseas under "Magazines for Friendship" program.

**Tributes:** Monroe County (Rochester), N. Y., Medical Society honored seven physicians, each of whom has practiced 50 years in the community, at ceremonies on the 138th anniversary of the founding of the society. An eighth, Dr. E. Howard Burnes, was honored posthumously. The seven: Drs. Alfred F. Cassebeer, George H. Clark, Lloyd H. Clark, Austin G. Morris, C. Clyde Sutter, Raymond Wafer, and Karl M. Wilson.

## Library To Honor Medical Educator

University of Wisconsin Medical Alumni Assn. has started a campaign to raise \$850,000 to build and equip a medical library at Madison, Wis. Gifts and pledges totaling \$100,000 have been received.

The library will honor Dr. William S. Middleton, former dean of the University of Wisconsin Medical School, who is on leave to serve as medical director for the Veterans Administration.

## Welfare Payment Plans Studied

The Kansas Legislature, to convene in January, will be asked to change completely the manner of paying welfare clients' medical costs.

The Legislative Council, a study group of 25 legislators, has reported, "It seems doubtful whether the recurring problem of medical assistance can be solved on a county basis," the plan now followed.

The council conducted its study because of a growing concern over the continued and rapid increase in the cost of drugs and hospitalization for public assistance clients. "Efforts to keep these costs within bounds has led to serious misunderstandings between the vendors of medical services and county welfare officials," the council reported.

Kansas' 105 counties now have a wide variation in welfare medical payments. Nineteen counties have a prepayment plan, six have partial prepayment plans, two have pooled fund contracts for proration of costs, one has a county hospital for indigents, three have a county physician plan, and the others pay physicians, hospitals, and druggists either full charges or some percentage of them.

The result is a wide spread in costs—ranging from an average of \$2.37 a month per welfare client in one county to \$21.25 in another.

Three statewide plans will be suggested to the Legislature.



Dr. D. F. Whited

## Room in Hospital To Honor Physician

The patients of Dr. D. F. Whited of Dahlgren, Ill. will furnish a room in a new hospital in his honor.

The 85-year-old physician has practiced in Dahlgren for 60 years. For many years he has been the only physician in the town.

More than \$1,400 has been raised to equip the room in the Hamilton County Memorial Hospital which will be built in nearby McLeansboro.

Dahlgren's American Legion Women's Auxiliary conducted the fund campaign under the direction of Mrs. Vera Kelsey.

## Dr. T. R. Vye Dies

Dr. Theodore R. Vye, 56, Billings, Mont., died Nov. 30. He was president of Montana Physicians Service and secretary-treasurer of the Montana Medical Assn.

## Aged Care Plan Termed Success

Initial success of a new state-wide plan to take care of the medical needs of indigent senior citizens has been reported.

Thomas M. Tierney of Denver, executive director, Colorado Blue Cross Plan, said the program covers medical and surgical needs of the state's 54,000 old-age pensioners through Blue Cross-Blue Shield contracts financed by state tax receipts.

Tierney explained that a reapportionment of state tax funds permitted the buildup of a \$10 million fund to finance the health care program for pensioners.

According to the Blue Cross official, the chief advantage of the plan—now nine months old—is that it gives beneficiaries free choice of hospitals, physicians, and surgeons.

Administration costs of the plan are running only eight-tenths of 1%.

Some hospital administrators think the Colorado plan may become a model for other states.

## Family Doctors To Be Honored

The general practitioner will be honored in New Jersey Jan. 4-10 as that state observes "Family Doctor Week."

The New Jersey chapter of the American Academy of General Practice is sponsoring the special observance for the second year. Gov. Robert B. Meyner has proclaimed observance of "Family Doctor Week."

AAGP officials hope to bring before the public the need for and the dedication of the family physician. The week will be culminated with the academy's seventh annual scientific session, in Atlantic City on "Cardiology for the Practitioner of '59."

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On the

## Legislative Front

**M**edicare will renegotiate its contracts in 1959 by correspondence, rather than by individual conferences. In a letter to contracting agents for physicians, Brig. Gen. Floyd L. Wergeland, in charge of Medicare for all services, explained that inasmuch as "a comprehensive examination and analysis" was made of fee schedules in '58, and administrative costs are not an issue, he had decided to forego individual meetings. New contracts containing Medicare's proposed changes will be mailed 45 to 60 days prior to expiration of present agreements. If Medicare's modifications are acceptable, contractors are to execute the new agreements and return them to Gen. Wergeland's office. If proposed changes are not acceptable, contractors are to notify Medicare's contracting officer at once so differences may be resolved.

**Rehabilitation:** The value of rehabilitation can be measured in dollars and cents. Bertha S. Adkins, undersecretary of HEW, showed how in a talk to the Congress of American Industry:

"Of 74,000 rehabilitated in the last fiscal year, almost 55,000 had previously been unemployed. The remaining 19,000 were employed in unsafe, insecure jobs, earned \$21.7 million annually.

"In the first year of employment after rehabilitation, the entire group of 74,000 will earn an estimated \$147.8 million.

"Before rehabilitation, almost 15,000 had been on public assistance at an estimated cost of \$14 million annually. Yet the cost of their rehabilitation was only \$13 million. Now the 74,000 will become taxpayers. During the remainder of their working lives, they will pay an estimated \$10 in federal income taxes alone for every dollar that has been spent by the U.S. for their rehabilitation."

**Mental Care:** A blueprint for action to cut overcrowding and raise standards of care in Maryland's mental hospitals will be submitted to the Maryland Legislature in January. The proposal includes a revision of salary scales for hospital superintendents, psychiatrists, professional nurses, and social workers. As of last September, Maryland ranked 35th among the states in what it paid hospital superintendents; 37th for senior psychiatrists.

**Manpower:** A Post Office and Civil Service Subcommittee has been looking into manpower utilization in federal agencies. So far as the Department of Health, Education and Welfare is concerned, committee members question whether efforts are being made to effect a 2% reduction in employment as proposed by the Bureau of the Budget. Assistant HEW Secretary Elliot Richardson explained that HEW employment rose because of increased services voted by Congress and because of a growing population. The department, he added, will have to ask for supplemental appropriations next session for certain programs.

**Health Care:** The health care of the aged has been a major topic of discussion

during the Washington "listening" conferences called by Secretary Flemming of HEW, and attended by heads of national organizations concerned with health and medicine.

Spokesmen for the AMA, American Hospital Assn., Blue Shield Medical Care Plans and other groups told of many voluntary efforts and studies designed to help the financing of older persons' medical and hospital costs.

Dr. Ernest B. Howard, AMA assistant executive vice president, said it would be "disastrous to jump into a full program so radical" as amending the Social Security law to provide free hospitalization and surgical services for beneficiaries.

Ray Amberg, president of American Hospital Assn., commented: "We hope to solve this problem without federal aid."

**Washington Wrapup:** A total of 384 faculty and senior postdoctoral fellowships, 21 of them in the medical sciences, has been awarded by National Science Foundation for the fiscal year . . . Sen. Everett M. Dirksen, Ill., appears to have an inside track to the GOP Senate leadership. But there's talk of a Republican "liberal" to serve as whip . . . There will be 17 women members—one senator, 16 representatives—in the new Congress . . . Debt and inflation are jeopardizing our system of government, Sen. Harry F. Byrd (D-Va.) warned. He said a balanced budget must be the first objective of the new Congress . . . Public hospital and institutional construction in November totaled an estimated \$36 million, which was 38% above figure for November 1957.

## Spoon Feeding Has Its Risks

"Spoon feeding" under a welfare state provides the risk of discouraging a person's individuality, according to Hartley Shawcross, solicitor-general in the last British Labor government.

The individual tends to become a digit in "all sorts of interesting statistical tables, carefully analyzed and well looked after like the animals in a royal stable," he said.

All this fails to encourage the spirit of self-reliance and adventure on which the forward march of mankind has depended, he added.

Shawcross, who was a prosecutor at the 1946 Nuremberg war crimes, delivered the principal address at the United Nations European headquarters in Geneva, Switzerland, during a ceremony to mark the 10th anniversary of the signing of the declaration of human rights.

Reuters news service quoted Shawcross as saying, "We (in Britain) are getting rather too much in the way of thinking that we have a right to get everything from the state. In these days of 'I couldn't care less' it is just as well to remember that we cannot get out of the state more than we put in."

Shawcross added that there appeared to be an increasing tendency to stress the rights of the community and the state and to diminish those of the individual.

## Medicine Denied Rebels in Cuba

Doctors in the eastern provinces of Cuba are forbidden to give medical aid to revolutionists under threat of death, reports Dr. Louis H. Bauer of New York.

Dr. Bauer, secretary-general of the World Medical Assn., returned to New York after a visit to Cuba where he participated in the official opening of the 22-story headquarters building of the Cuban Medical Assn.

Doctors who aid revolutionists are warned to leave Cuba's eastern provinces within two hours or be killed, said Dr. Bauer. As a result, hundreds of doctors with their families have been forced to seek refuge in Havana and the U.S.

Dr. Bauer said he sought sources other than doctors to get information as to the current status of the medical profession in Cuba. He said he avoided discussing the situation with doctors since he did not want any possible danger of retaliation for his observations.



DR. OSCAR MORPHIS of Fort Worth, Texas, uses forceps to repair rigging on ship model built in his home work shop.

## Practical Hobby Takes 2 Rooms

Most hobbyists, particularly doctors hard pressed for time, have their hands full with just one home workshop. But Dr. Oscar L. Morphis, Fort Worth radiologist, has two workshops—one for wood work, the other for metal work.

When the doctor and his family moved into a new home this year, he converted a utility room into his metal shop and made a storage room his wood shop. He says he's lucky to have a dozen spare hours a month to "piddle around."

"I also do some practical things in my shops, which is really my excuse for having them," the 40-year-old doctor explained.

He fashioned a device for cutting radiation exposure time during operations in which he implants radium needles in cancer victims. He also uses his shop to repair parts from super-voltage radiation equipment at the Fort Worth Radiation Center.

Dr. Morphis has been tinkering with tools since he was 6 years old and now has accumulated equipment valued at \$4,000.

He used to make ship models but now prefers other projects. He's promised to help his three children build a small gasoline-propelled car. His chief dilemma: whether to use his metal shop or wood shop.

## Auto Exhaust Tests Planned

U.S. efforts at combatting air pollution are shifting to the Robert A. Taft Sanitary Engineering Center in Cincinnati.

The center is planning research studies on the automobile exhaust problem. Two irradiation chambers are being built to study the action of sunlight on auto exhaust as a basis for determining health effects of irradiated gases.

Shortly the center will begin animal experiments on the effect of auto exhausts under varying climatic conditions. Effects on animals of various types of fuel as well as effects of exhausts from autos in varying states of repair will be studied.

Work also is planned on effects of auto exhausts on plants and bacteria. The Public Health Service notes that studies on plant damage have been conducted for some time in California but never with equipment that permitted such precise measurements and analysis as will be possible at the Taft Center.

Comments U.S. Health, Education, and Welfare Secretary Arthur Flemming: "The surgeon general and I have real hope that the automobile industry, too, will intensify its activities. We believe it should."

## T. R. Gardiner To Retire

Thomas R. Gardiner, who is rounding out a half century of service with the AMA, retires in January.

He joined the AMA in 1909 as a Journal production man, served as business and advertising manager for 12 years, and over the past 45 years has helped stage 57 AMA meetings in 20 cities.

Gardiner, long experienced in AMA affairs, is a familiar figure to practically every industrial exhibitor at AMA meetings. His first meeting was in Minneapolis in 1913. The Clinical Meeting in Minneapolis earlier this

month was his last in an official capacity.

"It has been a wonderful experience for me," Gardiner said. "I've got plenty of memories of conventions and the people who attended them."

Mrs. Gardiner, the former Mary Whelan, was an AMA employee.

## Minnesotans Attend AMA Clinical Meeting

Forty-two per cent of the physicians of Minnesota registered at AMA's 12th Clinical Meeting held at Minneapolis. Minneapolis had 662 doctors at the session, the rest of Minnesota had 772.

North Dakota was represented by 82 doctors, 20% of the physicians of that state. South Dakota's registration totaled 62 which is 15% of its doctor population.



Tom Gardiner



## Voice Is Clue To Mental Ills

There is a link between voice quality and neurosis that can be valuable in diagnosing mental illness, says Dr. Paul J. Moses, a California otolaryngologist.

"The human voice contains many acoustic dimensions which convey overtones of emotion that go far beyond the articulation of words and the communication of thoughts," Dr. Moses believes.

Dr. Moses discusses the use of voice quality in the diagnosis of mental illness in a book, *The Voice of Neurosis*.

**Primary Symptoms:** He is in charge of the Speech and Voice Disease Clinic at the Stanford University Medical School.

A psychiatrist can learn much by observing a patient's gait, posture, and facial expressions but without a detailed vocal analysis the psychiatrist will miss primary symptoms that seem to appear in the voice before they are evident in other expressions, Dr. Moses said.

In schizophrenics there is a complete separation of head and chest register. The patient can talk in his highest or lowest voice for minutes as well as for weeks.

In the androgynic mosaic a high head register symbolizes female and a low chest voice symbolizes the male, Dr. Moses said. He calls this phenomenon "schizophonia."

**Accents and Emphasis:** Rhythm and melody are useful for diagnostic purposes, according to Dr. Moses. In schizophrenic voices, rhythm is predominant over melody. In manic-depressive states, melodious changes are always audible while rhythm becomes less obvious.

Accents and emphasis are either exaggerated or diminished in neurotic voices. In schizophrenic ones they become completely illogical, out of balance with the context of the conversation.

"Vocal analysis is best done from tape recordings on which one can listen repeatedly to particular sounds," he said. "To the trained ear not much material is necessary, but it is best recorded from spontaneous speech in different situations."

## Infant Death Rate Is Rising

For 22 years the rate of infant deaths has been going down. But it is now on the increase—not a sharp increase, but an increase.

"This break in our progress in conserving infant life," according to Under Secretary Bertha S. Adkins of the Department of Health, Education, and Welfare, "means an estimated loss of more than 4,000 babies in 1957 and the first eight months of this year."

The downward trend has occurred despite the fact that since 1945 the percentage of infants given well-child care at organized centers has more than doubled.

Preliminary estimates for 1957, as compiled by the U. S. Children's Bureau, show the infant mortality rate at 26.3%, as compared with 26% the previous year. There was a correspondingly increased rate for infant deaths within the first year. Both trends have carried over into the first eight months of this year.

Miss Adkins said one reason for the setback was the overcrowding of some child medical care services, particularly in large cities.

## Tax Series, Part 1

# How To Claim Your Dependents

(Editor's note: This is the first article in a seven part series intended to give physicians useful information and tips in preparing their 1958 income tax returns.)

Generally, a person may not be claimed as a dependent if he has received gross income of \$600 or more for the year.

However, there is an exception in the case of a child, stepchild, or legally adopted child who is under age 19, or who is a full time student at an educational institution with a regular faculty.

Example: A college student earned \$1,200 during the year, all of which was spent for his support. His father contributed \$1,300 toward the student's support. His father may claim him as a dependent even though the student earned over \$600. Also, the student may claim \$600 personal exemption on his own income tax return.

Besides gross income, other tests for dependency involve support, whether the claimed dependent is a member of the household, citizenship or residence of dependent, and whether the intended dependent has already filed a return.

**Support:** Support includes amounts expended for the dependent's board,

lodging, clothing, education, medical and dental care, entertainment, travel and transportation.

During the taxable year, the taxpayer must have contributed more than one-half of the support of the dependent, except in a case where there is a "multiple support agreement." This will be explained later.

Amounts received as scholarships for study in an educational institution by a child, stepchild, or legally adopted child who is a student should not be taken into account in determining the total cost of his support.

However, sums received by veterans for tuition payments while attending school and appointments to service academies are not considered scholarships.

A multiple support agreement may be made if no one person contributed more than half of the support of an individual, but over half of the support of the individual is contributed by two or more persons, each of whom, but for the support test, would be entitled to claim the individual as a dependent.

Any one of the persons who furnished over 10% of the support may claim an exemption for the dependent individual, if each of the other persons contributing to the individual's support files a written statement that he will not claim the individual as a dependent for that year.

**Member of Household:** If the claimed dependent is a member of the taxpayer's household and lives

with him for the entire year, it is not necessary that he be related to the taxpayer in any way in order that he may be claimed as an exemption.

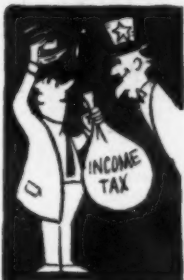
A dependent, related in any one of the following ways is not required to be a member of the taxpayer's household or to live with the taxpayer: (1) son or daughter, or descendant of either; (2) stepson or stepdaughter; (3) brother, sister, stepbrother, or stepsister; (4) father or mother, or ancestors of either; (5) stepfather or stepmother (6) son or daughter of a brother or sister (7) son-in-law, daughter-in-law, father-in-law, mother-in-law, brother-in-law, or sister-in-law.

**Citizenship or Residence:** The dependent must be a citizen or resident of the U.S., a resident of Canada, Mexico, the Canal Zone, or the Republic of Panama.

**Joint Return:** The dependent may not file a joint return with another person. To illustrate, suppose the taxpayer supported his daughter for the entire taxable year while her husband was in the armed forces. If the daughter and her husband file a joint return, the taxpayer may not claim his daughter as a dependent even though all the other tests are met.

Further, if the husband files a separate return and claims an exemption for the taxpayer's daughter, her father may not claim her as a dependent.

(Next issue: Deductions.)



## Medical Manpower Study Is Underway

A federal advisory group has been named to study the problems of medical education and recommend government and private action "to achieve reasonable and acceptable goals in medical manpower over the next 10 to 20 years."

In announcing the appointments, Surgeon General Leroy E. Burney of the U. S. Public Health Service said this would not be "just another study." While outlining the committee's task in general terms, he said it was for the consultants themselves "to determine the scope of their considerations and their methods of proceeding." No date was set for a final report.

"Whether there is an absolute or relative shortage of physicians," Dr. Burney said in his letters of invitation to the members of the group, "the need for physicians will increase in the immediate future. . . . The concern of the Public Health Service with this problem is shared by the medical and allied professions, by leaders in education and by the public."

As specific areas where physicians are needed, he cited research institutions, hospitals, state and local governments, health agencies, and industries.

Dr. Burney announced 17 members of the committee, which is headed by Frank Bane, former executive secretary of the Council of State Governments. Four more will be appointed later. Present members are:

Dr. Edward L. Turner, American Medical Association's council on medical education and hospitals; Dr. Ward Darley, Assn. of American Medical Colleges; Dr. Julian Price, AMA trustee; Dr. Edwin L. Crosby, American Hospital Assn.; Dr. Vernon Lippard, Yale Medical School dean; John McK. Mitchell, Pennsylvania Medical School dean; Dr. Isador S. Ravdin, Pennsylvania medical affairs vice president; Dr. Clayton G. Loosli, Southern California Medical School dean; Dr. Charles E. Smith, University of California Public Health School dean; Morris Thompson, president, Kirksville College of Osteopathy and Surgery; Harold Hillenbrand, DDS, American Dental Assn.; Miss Marion Sheahan, National League for Nursing; Dr. Harold L. Enarson, Western Interstate Commission for Higher Education; Emory Morris, DDS, president, Kellogg Foundation; Douglas E. H. Williams, Dunbar Community Assn.; Fred C. Cole, Ph. D., Tulane.

## Druggists Set Up Emergency Service

An emergency night prescription service has been started by 78 pharmacists of the Nashville, Tenn., Retail Druggists Assn.

Police department and sheriff's office each has list of 39 participating drug stores, in the city and county respectively.

Here's how the plan works:

• Doctor asks patient for pharmacy preference, then calls police or sheriff (depending on area in which patient lives), gives name of pharmacy and his (doctor's) name and phone number.

• Law enforcement officer calls pharmacist, gives physician's name and phone number, and tells pharmacist an officer will meet him at the store, as a safety measure.

• Pharmacist then calls physician, takes prescription, and says he will meet persons picking up medication at the store.

• Physician then tells patient when prescription may be picked up, and that pharmacist and officer will be there.



SPECIALIZING IN BODIES AND SOULS is Dr. William B. Atkinson, Louisville, Ky., who has a varied wardrobe—white laboratory coat for weekdays and the vestments of an Episcopal minister for Sundays. The scientist-preacher is chief of the University of Louisville School of Medicine's anatomy department. He also is assistant priest at one of Louisville's larger Episcopal churches.

AP Wirephoto



## Scanning the News

**Credit Cards:** Sun Ray Drug Co. (chain of 165 stores) became first retail drug organization to offer its patrons the credit-billing services of the Diner's Club. Monthly invoice will provide customers with accurate records of expenditures for drugs and medicines for use in claiming tax deductions.

**Heartbeats:** Improved techniques of recording heartbeats may prove a safer and more practical method of detecting multiple births early than use of x-rays, Dr. Saul David Larks, U. of California at Los Angeles Medical School, said. Fetal heartbeats have been reported as early as 11th week of pregnancy, those of twins at 16 weeks and of triplets and quadruplets relatively early in pregnancy.

**Viruses:** Eighty new viruses infesting humans have been discovered in last decade. Total number of viruses known in world, both plant and animal, now exceeds 300. Largest has diameter of one-83,000ths of an inch, smallest of one-2,500,000th.

**Suspension:** California's Board of Medical Examiners suspended from the practice of medicine and surgery for one year a physician who pleaded nolo contendere to two counts of willfully and knowingly attempting to defeat and evade his income tax in years of 1946-48 by filing false and fraudulent returns.

**Drug Volume:** Clara Miller, secretary of Kansas Pharmaceutical Assn., estimates that as much as from 40% to 50% of the average Kansas druggist's prescription volume will come from tax-supported programs, including those designed to benefit the aged, the indigent, veterans, and Social Security beneficiaries.

**Tax Ruling:** If a physician lives at a hospital for the latter's convenience, the lodging he's furnished is not taxed as income, according to U. S. Court of Appeals ruling.

**M.S.:** Multiple sclerosis is more common in the Northwest, Northeast, and Great Lakes regions of U. S. than in any other parts of the country. No one knows why more cases occur in colder climates, reports Public Health Service.

**Antidrink Drug:** A German physician, D. A. Schoenberger, claims to have developed a drug to keep one sober even while drinking heavily. The pill is a composition of yeast ferments and plant extracts.

**Deep Freeze:** A Benton Harbor, Mich., woman, Marie Louise Barnett, 40, clung to life after her body temperature was chilled to 66 degrees—32 below normal. She was trapped in a car in icy creek waters for 12 hours.

**New Disease:** A strange illness which caused 46 deaths out of 247 cases in Buenos Aires, Argentina, has been described as a new, unnamed disease in the Western Hemisphere. Most of those affected were adult males who developed high temperature, lost consciousness and died within a few hours.

**GI Bill:** Since the end of World War II more than 170,000 physicians, nurses, and dentists have been educated under the GI Bill.

# 11 Women Doctors Get Awards

Eleven women physicians have been honored by the American Medical Women's Assn. with the title "Medical Woman of the Year."

One of the awards to Dr. Janet Sterling Baldwin of New York City, was presented posthumously. Dr. Baldwin died Sept. 17, 1958.

She was noted for her work in pediatric cardiology. She developed a complete care program for children with cardiac disease and, with Nobel prize winner, Dr. Andre F. Cournand, a method of cardiac catheterization in congenital heart disease. She was on the staffs of several New York hospitals and the faculty of New York University.

Other women honored by AMWA were:

**Dr. Clara B. Barrett,** Atlanta, Ga., who pioneered in public health work in maternal and child health and tuberculosis control in Georgia. She has been in charge of the tuberculosis division of the Georgia Department of Public Health since 1956.

**Dr. Geneva Beatty,** Long Beach, Calif., who shares her knowledge and skills with hospitals supported by the College of Medical Evangelists. On annual flying trips, she has visited and given surgical help to 30 hospitals in Africa and Asia.

**Dr. Lauretta Bender,** New York City, selected "because of her research in child psychiatry and her work in advancement of therapy for mentally disturbed children." She is director of the Child Guidance Clinic of the New York Infirmary, principal research scientist in child psychiatry of the New York State Department of Mental Hygiene, and professor of psychiatry at Adelphi College Graduate School.

**Dr. Edda Von Bose,** San Antonio, Texas, who retired this year as medical director of the tuberculosis treatment center for the San Antonio City Health Department. From 1929 until



PHYSICIANS HONORED are (top row, left to right) Drs. Janet S. Baldwin, Lauretta Bender, Lydia B. Hauck, Clara B. Barrett, and Thelma B. Dunn. In bottom row are Drs. Geneva Beatty, Ella A. Mead, Ruth E. Wagner, Helena T. Ratterman, and Eleanor M. Humphreys. No photograph of Dr. Edda Von Bose was available.

1941 she was chief medical officer at the Federal Reformatory for Women at Alderson, W. Va., where she was provided with extensive background and material for studies of dope addiction.

**Dr. Thelma Brumfield Dunn,** Washington, D.C., who is chief of the Cancer Induction and Pathogenesis Section, Laboratory of Pathology, National Cancer Institute. One of her superiors states, "She is without doubt the world authority on the pathology of mice."

**Dr. Lydia Bauer Hauck,** Irvington, N.J., who is retired from private practice. During World War I she was one of four women physicians who received commissions as first lieutenants. During World War II she started a "Knit While You Sit" program in her office for her patients and sent clothing to women physicians in Europe. She collected 6,000 pounds of food and clothing and was cited by the American Red Cross and Walchern, Holland, for her work.

**Dr. Eleanor Mary Humphreys,** Chicago, who is retiring this year as surgical pathologist for Billings Hospital and the University of Chicago Clinics. After graduation from Rush Medical College in 1929, she served an internship at Albany Hospital in

New York. She then returned to the University of Chicago where she has been teaching and serving since.

**Dr. Ella Avery Mead,** Greeley, Colo., who retired in 1957. In the late 1920's she won support of the Weld County commissioners for a birth control clinic, believed to be the first established in the U.S. with such support. Colorado State Medical Society created a Certificate of Distinguished Service to honor Dr. Mead upon her retirement after 26 years on the society's Board of Councilors.

**Dr. Helena T. Ratterman,** Cincinnati, under whose leadership prenatal clinical work has grown from one clinic to 12 in Cincinnati. She played a large part in the passage of legislation that made the commissioning of women physicians in the Armed Forces. She is assistant professor of clinical obstetrics in the College of Medicine at University of Cincinnati.

**Dr. Ruth E. Wagner,** Royal Oak, Mich., was named Outstanding Citizen of the Year in 1952 by the Royal Oak Chamber of Commerce for her 25 years of medical practice and civic leadership. She was the first woman appointed as a director of the city's Chamber of Commerce, has served on the City Commission and the Recreation Board.

## Fire Shows Value of Disaster Plan

"Our hospital disaster plan worked well, but there still are a couple of areas in which we need improvement."

This was the appraisal given by the chairman of the Disaster Planning Committee at Chicago's St. Anne Hospital, 20 days after the tragic Our Lady of the Angels school fire which claimed the lives of 89 children and three nuns.

It was to this 322-bed hospital that the majority of the 300 injured and burned were taken during the critical one-hour period after the holocaust.

**Improvements Sought:** The rapid and skillful treatment of the victims at St. Anne's was praised by the press and city officials. At least several lives were saved and the suffering was minimized.

Taking a cold, hard look at St. Anne's disaster plan, Dr. James E. Segraves said:

"First, we will have to improve the tagging system of the victims after they have been brought to the hospi-

tal. We couldn't put down enough information about the patient's condition under the present system and this caused a little delay in some instances.

"Second, we will have to find some way of handling the auto and human traffic which converges on a hospital after a big accident or fire. Some of our doctors had to walk four and five blocks to the hospital because of the traffic jam."

**Team Idea:** The orthopedic surgeon also said he would like to encourage a more general acceptance of the team idea during an emergency. He explained:

"Everybody wants to help, but everyone can't be on the disaster team. We have to have a plan in which doctors with special skills are used to the best advantage."

Dr. Segraves added that a "multiplicity of orders" arose when the disaster team system was set aside after the critical first few days and other doctors began caring for the burn victims.

He urged hospital disaster drills because "it's not enough just to have the plans down on paper."

"Fortunately," he said, "St. Anne's had undergone several drills before the school fire."

**Post-Burn Blood:** Twelve of the fire victims at St. Anne will require extensive grafting and five or six others will receive some grafting.

"We thought at first that we would go all out to use post-burn blood for transfusions during the grafting operation," Dr. Segraves said, "but now we are questioning this. However, I'm quite sure that we will try it in some cases."

He expressed appreciation to burn treatment specialists Lt. Col. Edward H. Vogel and Lt. Col. Wilfred T. Tumbusch, Brooke Army Medical Center, Ft. Sam Houston, Texas, who came to Chicago to offer their help. Dr. Segraves said:

"They were of great help in crystallizing our thinking in the treatment of burns."



## Radiation Tests



**NATURAL RADIOACTIVITY** of a human being is measured in an "iron room" at Argonne National Laboratory, Lemont, Ill. This room, a cutaway view of which is shown in the photograph, is constructed of iron sheets to minimize the effect of natural background radiation.



**NEED FOR DETERMINING** known constant of natural background radiation sent Argonne scientists 200 feet underground in a rock tunnel used by the Chicago Water Department. There, in surroundings free of cosmic rays, scientists built scaled-down replica of iron room and measured natural radiation within their equipment. Result: a more accurate measurement of radioactivity in human beings.

## Medical Research Grants Studied

The U. S. now is attempting to learn how the millions of dollars in federal research grants affect medical schools as a whole. For years many medical deans have felt their schools were getting "topheavy" with research projects, many of which tax the institutions' budgets to meet overhead costs.

Announcing the study of the grants' impacts on the schools, Secretary Arthur S. Flemming of the Department of Health, Education, and Welfare said it was designed in connection with the Bayne-Jones report. This study, produced by a group of outside experts at the request of HEW, proposed that the nation triple its spending for medical research within the next 12 years, and start immediate construction of between 14 and 20 new medical schools.

To get the facts, Secretary Flemming is sending a team of top-flight experts to visit 20 representative medical schools. They will sit down with deans and other school officials and in roundtable discussions attempt to learn in what indirect ways the grants are affecting the schools.

Flemming said this study was "just the beginning," that others would be made by his and other federal departments.

Earlier the secretary had indicated some of the Bayne-Jones recommendations would be adopted by HEW and Congress asked to appropriate money to carry them out. How far the department will go will be known when the official budget goes to Congress shortly after the first of the year.

## Leaflet Issued

A leaflet describing recent developments in research on multiple sclerosis has been issued by the Public Health Service. It is *Multiple Sclerosis—Hope Through Research* and is listed at PHS publication No. 621, and Health Information Series No. 92. Single free copies may be had from the National Institute of Neurological Diseases and Blindness, Bethesda 14, Md. The leaflet may be purchased in quantity from the Superintendent of Documents, Government Printing Office, Washington 25, D. C., at \$3 for 100 copies.

## New Tax Law Limits Annuity Pay Programs

The Technical Amendments Act of 1958 (Mills Bill), passed by the 85th Congress, did not institute any substantial new tax benefits for physicians who are employees of nonprofit educational, charitable, or religious organizations.

Instead, the new law restricts a previous tax break by establishing a formula controlling the amount of money that can be put into tax-deferred annuities for such employees.

**Rule Prior to Law:** Prior to the passage of the new tax law, an educational, charitable, or religious organization, as defined in Section 501 (3) (3) of the Internal Revenue Code, could set up tax-deferred annuity programs which were not subject to requirements and supervision given to retirement programs of profit making organizations.

The report of the Senate Finance Committee on the Act noted that certain charitable organizations "are paying selected employees all, or almost all, of their compensation in the form of annuities."

Usually these were part-time employees (including physicians), the report continued, who received their principal income from other employment and wanted to be paid in annuities rather than money as a means of deferring income taxes.

The report concluded that these organizations "should not be permitted to trade on this tax-deferment privilege for their employees."

Thus, the new tax law was passed with a mathematical formula spelling out exactly how much could be paid into an employee's annuity plan.

**Annuity Plan:** An employee for an exempt organization now can have put into his annuity plan 20% of his salary, multiplied by the number of years he has been employed, minus the total of the amounts already put into his annuity program by that organization.

The remaining sum would be known as the "exclusion allowance."

Suppose the annual premium paid for a physician's annuity contract is \$4,000 and his annual salary is \$10,000. The physician has been with

the charitable organization 15 years and it has paid \$28,000 in premiums on his behalf which have not resulted in income to the employee.

The exclusion allowance would be computed as follows:

|                                  |          |
|----------------------------------|----------|
| 20% of \$10,000                  | \$ 2,000 |
| Multiplied by 15 years service   | \$30,000 |
| Tax-free premiums of prior years | \$28,000 |
| Exclusion allowance              | \$ 2,000 |

Since his exclusion allowance is only \$2,000, the remaining \$2,000 of the \$4,000 premium now must be included by the physician as income, along with his salary of \$10,000.

**Effects of Law:** The AMA Law Department already has heard of cases where individual physicians will suffer taxwise this year because of the new law.

One radiologist said he has a \$40,000-a-year income from his practice and that he also has been working part time for a charitable hospital, receiving half of his compensation in tax-deferred annuities.

This arrangement had been agreed upon because the radiologist was in such a high tax bracket that a good part of the salary for his part-time work—if paid in money—would have been eaten up by current taxes.

In the radiologist's case, the new tax law very nearly wipes out his plans for building a nest egg from the annuity he had been accruing. He doesn't know whether it will be financially worthwhile to continue his part-time work or not.



"Dr. Rutledge, this is Mrs. Upshaw... I thought you'd like to know that pain in my neck is back again!"

## Medical Schools In Loan Program

U.S. Office of Education reports that quite a few medical schools and universities with schools of medicine have indicated they will participate in the new National Defense Student Loan Program. The last Congress authorized \$47.5 million for this purpose during the first year.

Replies were received from 1,077 institutions, and 836 said they intended to participate. The Office of Education hopes to issue the first loans by February 1, effective for the second semester.

The federal money will go into loan funds from which students may borrow at reasonable terms. Special consideration will be given students of proven academic ability, particularly those interested in teaching.

A participating college or university is required to contribute to the loan fund one-ninth of the amount put up by the federal government.

Applications for participation in the program must be returned to the Commission of Education by December 31. Funds will be apportioned to each state and territory on the basis of its full-time college student enrollment.

Office of Education says it's prepared to ask for a deficiency appropriation if initial funds are exhausted early next year. Thus far, Congress has appropriated \$6 million to get the program started.

## Technical Aid Urged For Hungry Nations

Dr. G. Henry Sebrell Jr., director of Columbia University's Institute of Nutrition Sciences, said in New York that he believes hungry nations of the world need technical assistance to combat malnutrition more than they need shipments of surplus food from the United States.

He said at a luncheon of Columbia Associates that surplus food shipments may stifle agricultural advances in underdeveloped countries. He believes that America should "help hungry people to feed themselves adequately within their own resources."





## News Is Refreshing

With the majority of newspapers and periodicals of the country printing the propaganda of those who would socialize the country, *The AMA News* is certainly refreshing to read.

Since the physicians, as well as the people, of this country have been and will continue to be propagandized by these papers and periodicals, it would seem more democratic to me to let *The AMA News* have its say for about two years before voting among ourselves on the question of social security coverage for physicians.

L. K. DANAHEY, M.D.

Denver, Colo.

## More on Fluoroscopes

I wish to second a "Letter to the Editor" by Dr. Bernard J. O'Loughlin, Los Angeles, regarding fluoroscopes in medical practice. (*The AMA News*, Dec. 1).

Dr. O'Loughlin's condemnation of the general use of the fluoroscope should be heartily endorsed by all persons acquainted with the hazards of ever increasing x-ray and fluoroscopic examinations of the general public.

However, written or vocal condemnation of such radiation hazards has certainly produced no tangible results in the form of creative legislation either on a federal or state level. It is my personal feeling that neither the officers of the AMA nor the major radiology societies have presented with force to the proper legislative bodies a realistic and proper program for control and licensure of radiation equipment.

Newspapers carry daily articles about the potential hazards of atmospheric radioactive contamination, yet the actual hazards of current x-ray equipment and usage remain another medical mystery not only to patients, but to many of the persons entrusted with using the equipment. The simplest methods for reducing patient exposure are all too frequently either unknown or unused in far too many x-ray installations. However, until action begins at the top echelons, I really don't expect any startling improvements to be made.

SCOTT SMART, M.D.

Anaheim, Calif.

## Polio Vaccine

Your editorial "Polio—A Needless Risk" was an excellent and much needed contribution toward promotion of full and continuing coverage of the oncoming waves of the younger generation. Certainly this procedure cannot be treated as a one time crash program, but must be incorporated into the routine health supervision of every child.

EDWARD DAVENS, M.D.

Baltimore, Md.

## Communication of Ideas

Dr. Gunderson's remarks (*AMA News*, Dec. 1) that "We know healthy ideas can be communicated to persons in the mass, and we therefore must suspect that sick ideas also can be similarly communicated..." interested me.

As a Life Fellow of APA, I have found that freedom of choice and conscience are rare among neurotics, and the emotionally immature, who usually let others think for them. In this way "sick ideas" can be communicated from well meaning sources, both political and religious. This is the greatest handicap of the dynamic psychotherapist, who considers psychiatry a psychodynamic science, and art.

Parents and many other sources of indoctrination and regimentation, with which we are all familiar, must accept the responsibility, based upon the well known fact that if you, "Train up a child in the way he should go; and when he is old, he will not depart from it." (Proverbs 22:6).

JOHN R. ERNST, M.D.

Washington, D.C.

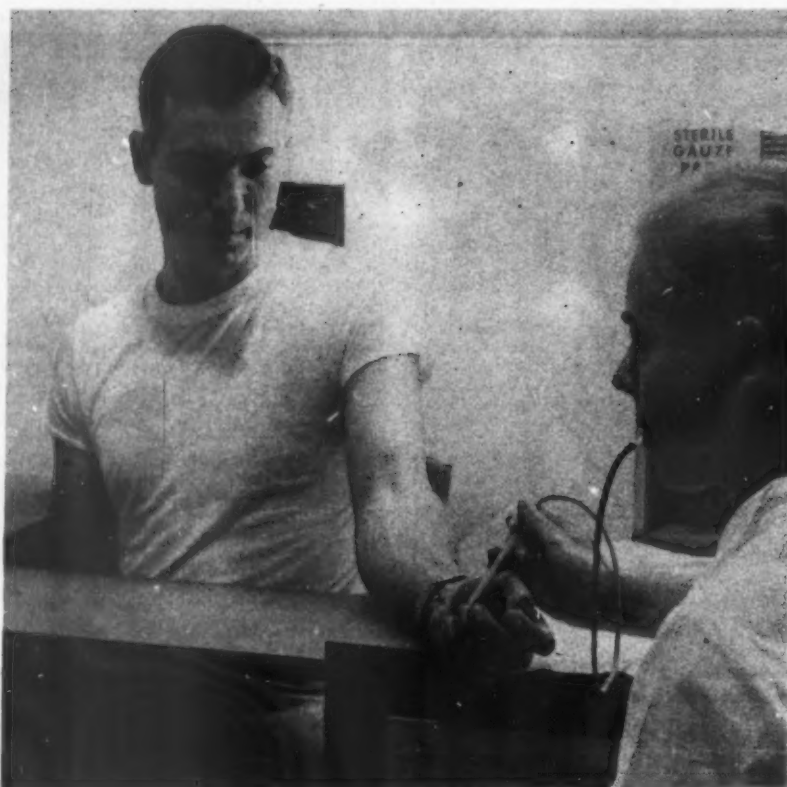
## Socio-Economic News

*The News* is a splendid publication, one that should prove of great value to all physicians. There has been a great need for a medium of information regarding socio-economic and political problems as they affect our citizens as a whole and particularly physicians. It is a matter of common knowledge that the majority of physicians are not acquainted with basic economic principles and problems. Moreover, very few physicians are taking an active interest in political activities in their communities, hence they are confused by the swift and profound social, economic and political changes that have occurred since the last world war.

The AMA could furnish the physicians basic data regarding these matters.

IRVING J. SANDS, M.D.

Brooklyn, N.Y.



## She Solves Swoon Problem

Tired of trying to catch a fainting 200-pound student with one hand and hold a blood test syringe with the other, Mrs. Bruce Snyder of Lincoln, Neb., did something about it.

She designed a fool-proof seating arrangement, equipped with a 6-inch wide counter-like board which slides in front of the patient.

Mrs. Snyder, medical technologist, is pictured using her anti-swooning

seat with student Bill Kaul, Grand Island, Neb., at the University of Nebraska Student Health Center.

Now when a student blacks out, he slumps over Mrs. Snyder's special "catcher" and no further. Catching swooners was no small task for Mrs. Snyder, who weighs only 113 pounds.

It was seldom the small male student or the coed who swooned, Mrs. Snyder reports, but the "big fellows, the 200-pounders."

## Arthritis Theory Told to Group Doctor Has Own Seat Belt Drive

The theory that patients suffering from rheumatoid arthritis become sensitized to their own body constituents was suggested recently at American Rheumatism Association's Fifth Interim Session.

Drs. Sidney Rothbard and Robert F. Watson, New York Hospital, Cornell Medical Center, presented the idea of autosensitization as a possible explanation for rheumatoid arthritis during the one-day meeting at Mayo Clinic, Rochester, Minn.

Their study with animals showed that collagen—a component of connective tissue—produces antibodies. These antibodies, properly prepared, can, in turn, inflict serious damage to connective tissue.

## Public Health M.D.s Object of Survey

Full-time public health physicians enjoy good relationships within county medical societies, according to a survey made by the Committee on Medical and Related Facilities of the AMA's Council on Medical Service.

The committee made the survey as part of a study of organizational and professional relationships between physicians in private practice and those not in private practice. The committee has met with organizations representing full-time public health physicians and will meet next Spring with groups representing other full-time salaried physicians.

A Memphis, Tenn., surgeon has been carrying on a campaign to popularize seat belts in automobiles for more than 20 years. And for the past 10 years, every letter from Dr. D.



H. Anthony's office has carried a picture (see cut) of a driver wearing a seat belt with this message: "Straps hold you safe in your seat in crash, add to your comfort in ordinary driving."

Dr. Anthony, who calls his campaign "preventive medicine," praised the AMA, U.S. Public Health Service, and National Safety Council for launching the current seat belt campaign.

"Not enough has been published on this important subject," he said. "Better highways and more horsepower in automobiles result in faster driving. Seat belts are the only thing I know of that will help reduce the number of injuries."

Dr. Anthony, who has cared for hundreds of auto accident victims in the 38 years he has been practicing in Memphis, has devoted much time to traffic safety. He has spoken on the subject, has made his voluminous files available to the press, and has written government officials and organizations urging a more vigorous campaign on seat belts.

"I wish I could do more," he said.

## Scientific Briefs

**Premies:** Premature babies may have better chance of survival as a result of experiments with new incubator heating system at Columbia-Presbyterian Medical Center, New York City. Heat is provided by infrared source, which is controlled by temperature-sensitive bead taped to baby's upper abdomen. Skin temperature is kept at 97 degrees. This corresponds with internal reading of 98.6 degrees—the ideal temperature for premature babies.

**Vaccine:** Two new 4-in-1 vaccines, designed to immunize children against polio, diphtheria, whooping cough, and tetanus, are scheduled to be available within the next few months. The vaccines are Quadrigen (Parke-Davis) and Tetravax (Merck Sharp & Dohme). National Institutes of Health will test each lot before it is released for commercial use.

**Photoscanner:** A photoscanning device is being used by scientists at Roswell Park Memorial Institute, Buffalo, N.Y., to detect cancer of brain, liver, and thyroid. Patients are given injection of serum albumin combined with radioactive iodine. Radioactive tracer seeps into diseased areas and photo-scanner guides surgeon to tumor.

**Research:** A public health and medical research year during which world's scientists would make a concerted drive against widely prevalent diseases may be held in 1961. A Ukrainian delegate to UN recently made proposal which calls on World Health Organization to arrange suitable forms of medical exchanges and talks.

**Syphilis:** A screening procedure for syphilis which requires only a drop of blood from finger has been reported by Dr. John J. Andujar, Texas Dept. of Health Laboratory, Fort Worth. Called PCT test, it uses unheated plasma with choline chloride and gives results in 8 minutes.

**Infection:** A new method of diagnosing infectious bacteria in blood stream within 1 to 2 hours, instead of days, has been developed by Army scientists at Ft. Detrick, Md. A fluorescent solution of antibodies is used to coat disease-causing bacteria in blood sample. Infectious bacteria gives off green glow when smear is examined with microscope using ultraviolet light.

**Eyes:** A drug used to treat certain heart conditions helps remove dangerous excess blood from the eyes, according to Dr. Robert Sinskey of University of California Medical School, Los Angeles. The drug, Diamox, has been used clinically to treat hemorrhage into anterior chamber of the eye. This hemorrhaging may occur after certain types of eye surgery or when an object strikes the eye.

**Irradiation:** Scientists at Argonne National Laboratory report that in deaths occurring during the 3 to 6-day period after whole-body irradiation of mice, the major factor is intestinal damage. Unless mitosis is resumed within 24 hours, destruction of the crypts results in denuding and disintegration of villi, making recovery impossible.

**Cancer:** First successful clinical trial of machine used in detection of uterine cancer has been reported by Dr. John Pruitt of National Cancer Institute, Bethesda, Md. The device, called Cytoanalyzer, recently sorted out 20 positive or suspicious cases from 1,100 specimens. Machine works by measuring size and density of cells removed from cervix. Cancer cells have larger and darker nuclei than normal ones.





## DR. HEINZ A. BOKER

OF PUT-IN-BAY

40 YEAR OLD GENERAL PRACTITIONER  
SERVES 700 PEOPLE LIVING  
ON ISLANDS OFF NORTHERN OHIO

*In winter, he fights the elements to reach his patients using plane, Coast Guard and Model A Fords.*



## Winter Is Major Problem For Islands' Only Doctor

Winter on stormy Lake Erie means that Dr. Heinz A. Boker will have to take to the air or drive his Model-A Ford across ice to serve the 700 people living on a group of islands off northern Ohio.

Dr. Boker lives at Put-in-Bay on South Bass Island. He also is the only doctor for people living on nearby Middle Bass, North Bass, Kelley's, and smaller islands.

Tourists swell the islands' population to nearly 1,000 during summer months. "Those are my bread and butter days," Dr. Boker explains. "They tide me over the winter."

**Out all Night:** But it's the winter that challenges the 40-year-old general practitioner. Then he must fight the elements to reach his patients. It's not unusual for him to be weathered in and forced to spend the night on one of the small islands away from home.

Islanders frequently are without electric or telephone service in severe storms, which is a threat if the doctor is on one island and an emergency is on another.

Dr. Boker uses a 22-foot cruiser to get from island to island for seven or eight months of each year.

When ice starts forming in Lake Erie the cruiser is docked and Ford tri-motor planes become the lifeline. An airline company flies regular schedules and will fly Dr. Boker wherever he is needed.

**Hospital Flights:** "When hospitalization is required," Dr. Boker explained, "the patient is flown to Port Clinton. Evacuating patients from Kelley's Island after dark is sometimes a problem because the airport must be lighted by automobile headlights."

"If weather conditions prevent this, a U.S. Coast Guard boat from Marblehead, Ohio, transports the patient to the mainland. In rough weather, this can be quite a strain on an otherwise already sick patient."

Model-A cars are a Put-in-Bay trademark and Dr. Boker has one.

"That's the car I use to make my island calls in January and February when boats can't go through. It's a rough ride, but there isn't much to lose if the ice should break," explains the physician. He keeps another car on Kelley's Island and a third at his home.

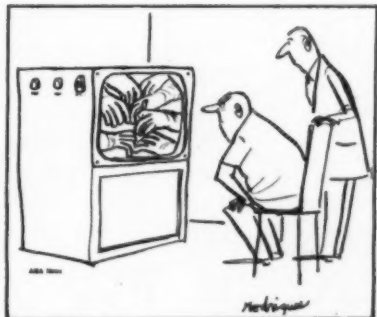
Dr. and Mrs. Boker and their two daughters came to Put-in-Bay in 1956 from Monroe, La., where he had been brushing up on general practice after getting out of service. Dr. Boker was reared on Kelley's Island.

**Wife Assists:** "I have no nurse so my wife, Kay, assists me whenever possible," he said. "I do my own routine lab work and, since no pharmacy is available, I compound and dispense all the necessary drug preparations."

Many cases ordinarily treated in hospitals on the mainland are treated at home on the islands. Selected obstetrical patients are delivered at home, usually without anesthesia, Dr. Boker explained.

"I enjoy my practice, and with my low patient load I not only have lots of time to spend with patients but I also have the time to enjoy my family and do the little things that make life so interesting," Dr. Boker said. He added:

"I do find myself out of contact somewhat with my colleagues, as it is difficult to get away to attend medical meetings. On the other hand, I find more time to read current medical literature."



## Quick Cures Found For 'Grown-Man Flu'

Now making its annual appearance in the company of the more celebrated wintertime viruses is the "grown-man flu," first described as follows in a letter to a Chicago newspaper:

"Grown-man flu is always accompanied by groaning and is sometimes referred to as Masculine Virus. . . . I am told that many women suspect that the disease is hardly more than a bad cold with a headache."

"The patient . . . claims that he is much sicker than any female could ever be. I suppose that this is be-

cause 'grown-woman flu' is rather mild, seldom sending the patient to bed because someone has to look after the children.

"A sufferer from 'grown-man flu' requires almost constant attention. He constantly calls for more service—more pillows—more ice—more pills—more juice—more magazines—turn the radio on—turn it off—keep the children quiet—move the television or change the channel."

"This disease is short-lived, only two or three days. The patient almost always recovers, but it takes several weeks for the nurse to feel well again."

The AMA News asked three women physicians for their advice in cases of "grown-man flu."

Dr. Alice E. Palmer of Detroit directs her prescriptions to the woman who finds herself stricken with a suffering man. Dr. Palmer writes:



Dr. Palmer

"First, a double dose of a cathartic A.M. and h.s. to help her get rid of all the resentment she has in being called

upon for a period of continuous service.

"Second, love capsules, 2 t.i.d. and PRN. These will quickly relieve her pain as well."

Dr. Elinor B. Harvey of Berkeley, Calif., sees "grown-man flu" as a "fertile field for preventive medicine." She believes that the trouble may lie in the husband's craving for "some of the sympathetic attendance and guidance that the children receive so freely."

"The wife and mother may prevent a full blown case, and perhaps she will find this an easy bit of preventive medicine if she can admit that almost anybody enjoys a little mothering, as long as it is not accompanied by a good deal of smothering."

Dr. Elizabeth A. Bingham Tower of Anchorage Alaska, believes treatment should be primarily dietary. She offers two recipes from the *Eskimo Cook Book* prepared by students of Shishmaref Day School:



Dr. Tower

"Eskimo Ice Cream—Grate reindeer tallow into small pieces. Add seal oil

slowly while beating with hand. After some seal oil has been used, then add a little water while whipping. Continue adding seal oil and water until white and fluffy. Any berry can be added to it."

"Oogruk Intestine Soup—Wash the intestine very carefully. Push the inside meat off the intestine with a spoon. Then take the meat out of the intestine and wash again. Cook it in a pot with water. Cut blubber into little pieces and put them in to boil. Add salt."

One of these dishes is just as good as the other, Dr. Towers avers, for getting a man back on his feet in almost no time at all.

## Stiff Upper Lips Bane of Wives

It is a "minor miracle" that all housewives do not suffer from overt symptoms of emotional stress, Dr. Robert L. Faucett, Mayo Clinic, Rochester, Minn., said at AMA's Clinical Meeting.

He explained that housewives do not suffer from any emotional stresses that others do not also face but theirs is an occupation "which is really a multiplicity of occupations . . . not held in high esteem or does not provide prestige in our culture commensurate with its difficulties or value."

"In our culture we put a great deal of value on the monkey business of 'keeping a stiff upper lip' and we're not supposed to grieve at death or show emotions," Dr. Faucett said.

He believes that physicians should encourage housewives to accept emotional responses. "People have to be disciplined but they can have feelings about a situation," Dr. Faucett stated.

He does not think there is any greater emotional stress facing housewives today than in the past. "We used to live with them but we've been seduced into thinking our emotional ills can be cured," Dr. Faucett suspects some people still will have to live with emotional stresses.

He advocates the physician delineating the housewife's problem and presenting her with alternatives in the same manner as the physician would with possible surgery.

Dr. Faucett had a friendly word for husbands. The housewife may distort the situation by her need to project the difficulty elsewhere to avoid assuming her responsibilities in it. He added:

"This is frequently the case where the personality and behavior of the husband is alleged to be the source of the stress. It may be so but such statements cannot be taken at face value without giving the husband equal time."

## Toxemia Under Study

University of Oregon Medical School will study the role of the adrenal glands in toxemia of pregnancy, one of the leading causes of maternal death in the U.S. Cooperating in the study will be the University of Valle School of Medicine, Cali, Colombia. Oregon's work under Dr. Howard J. Tatum will be done on a four-year, \$82,300 grant from U.S. Public Health Service. The Rockefeller Foundation will support the South American university's research.







## Medicolegal

### M.D. Must Guard Right of Privacy

A patient has a right to have information relating to his condition kept secret and not made the subject of publicity, unless the revelation is required by law as in the case of communicable diseases.

When a patient undresses for an examination or any other medical procedure, he does this for the professional benefit of the physician. He does not expect to be subjected to the examination of other persons who are not necessary to the carrying out of the medical procedure.

Allowing non-essential persons to watch the examination or medical procedure without the specific consent of the patient, constitutes a violation of the patient's right of privacy and may give rise to legal action.

**Photography:** Simply because a patient submits to a medical procedure does not mean he consents to the taking of his picture during medical treatment or examination.

The unauthorized taking of pictures of the patient, even though they have not been published, is grounds for a lawsuit based on a violation of the individual's right to privacy.

One of the most frequent violations of a patient's right of privacy is the unauthorized use of his picture taken during medical treatment.

It is immaterial that pictures of the patient were taken and published because his condition was rare and publication of the pictures served to advance medical science or public understanding.

**Written Consent:** Only if specifically consented to by the patient may publicity be given to the patient's condition, observers admitted, and pictures taken and published.

To facilitate proof, the consent should be in writing.

The document should state specifically just what the patient consents to with respect to observers, pictures, etc.

If there are any restrictions or limitations on the consent, they must be strictly observed.

### Medicolegal Course Starts at Boston U.

Third-year medical students at Boston University Medical School will be given a course in legal aspects of medical practice, organized medical care, and health programs.

The series of seven lectures will be given as part of the third-year course in preventive medicine. Subjects will include legal and political controls in the medical and public health fields, professional and legal standards of medical practice, public health law, medicine and civil rights and psychiatry and the law.

The program will be under the direction of William J. Curran, director of the new Boston University Law-Medicine Research Institute.

### Dr. Hullinger Dies

Dr. John Dudley Hullinger, 97, who became a father twice after he was 90 years old, died Nov. 25 at Poplar Bluff, Mo. He was one of the nation's oldest practicing physicians. He had lived at Clinton, Iowa, until a year ago when he moved to Poplar Bluff.



BALTIMORE'S FAMILY doctor is portrayed on weekly television series by Robert M. Keller.

### Television Show Is 10 Years Old

Baltimore's health television show, "Your Family Doctor," has celebrated its 10th anniversary and claims to be the oldest continuous medical series on TV.

The 15-minute weekly television show is sponsored by the Baltimore City Health Department, the Medical and Chirurgical Faculty of Maryland and WMAR-TV.

The show, centered around Dr. John Worthington, a fictitious general practitioner whose namesake was Baltimore's first health officer in 1792, has five basic aims:

- Promoting a public understanding of the basic practices for keeping well.
- Encouraging consultation with the family doctor when there's a question of illness.
- Presenting public health problems.
- Informing the public of activities of city health department.
- Demonstrating the close working relations between the family physician and the health department.

"Our experience in 10 years of producing the 'Your Family Doctor' television series has demonstrated that people are anxious to learn as much as they can about the protection of their health and the health of their families," said Dr. Huntington Williams, Baltimore's commissioner of health. "There is no doubt in my mind that this health television series has contributed immensely to the progress we have realized in many areas of public health work in Baltimore."

Producing the show costs about \$1,800 per year. Overall responsibility for the show rests in a television committee of key health department officials. Members of the medical society act as consultants and appear as guests on the show. All participants appear without charge but a script writer is hired.

### \$100,000 Raised For Cancer Research

In nine years \$100,000 has been raised for cancer research because eight young women of Newark, N. J., who lost a friend to cancer wanted to do more than remember her with kind words and flowers.

The women organized the Ruth Estrin Goldberg Memorial for Cancer Research. Their membership has grown to 500 and they have been cited by the American Cancer Society and Rutgers University.

Their fund-raising activities range from operating a gas station for a day to selling candy at Minsky's Burlesque.

## Here's the Physician's Insurance Check-List

Two changes in current life insurance offerings which are of benefit to the buyer were reported recently at a forum sponsored by the Erie County (Buffalo, N.Y.) Medical Society and William S. Merrell Co.

Amiel Caplan, a New York City estate planning consultant, said that in the past when an insured person died, the accumulated cash value was made part of the death proceeds.

"Today," he continued, "it is possible to obtain a policy that will pay to the beneficiaries the face amount (or death benefit) plus the accumulated cash value. Thus, a \$10,000 policy with a cash value of \$3,000 would pay \$13,000 to the family of the insured."

**More for Less:** Caplan also reported that now the more insurance you can afford, the less per thousand you may be charged. He said it is possible to buy a \$25,000 policy at a discount over a \$5,000 policy.

The speaker highlighted the importance of malpractice insurance by saying:

"Under today's conditions the importance of being covered for the maximum amounts obtainable cannot be overemphasized.

"The worry when you are insured for less than the amount of the lawsuit is not worth the small savings in premium."

**Accident and Fire:** Other points made by Caplan were:

- If an employee of the physician, while driving his own car, is involved in an accident in connection with the physician's affairs, the doctor might be responsible for any damages incurred. Coverage for this is provided by employer's non-ownership liability insurance.

• For adequate fire insurance, it usually is necessary to carry insurance in several companies. Make sure that the written portions of all policies covering the same property read exactly alike, otherwise the adjustment of a fire loss may result in an involved procedure.

As for the physician's life insurance, Caplan suggested the following check-list:

- Is the date of birth in the application correct?
  - Has evidence of birthdate been filed with insurance companies?
  - Are beneficiaries—both primary as well as contingent—and afterborn children included?
  - Are settlement options—an important part of retirement income—contractually guaranteed in the policy?
  - Do the insurance proceeds give estate tax relief in the form of marital deduction?
  - Is the policy protected against unintended lapse?
  - Will the policy provide double indemnity under normal flying conditions?
  - If your policies are rated higher because of physical impairment or occupation, have you made attempts to have such ratings removed?
  - Have you made applications to remove war restriction riders from your policies?
  - Will payment of insurance proceeds impair any Veteran's benefits to which your family may be entitled?
- Caplan also advised physicians to draw up their wills and to keep them up to date in accordance with "changing family circumstances, needs, changing times, and family locations."

## Authority on Snake Venom Has an 'Undramatic' Job

"It isn't that the snake is naturally mean. It strikes only when it's scared—in self defense. But that's little consolation if you've just been bitten by a rattlesnake or moccasin. You'd better do something fast."

This bit of practical philosophy is offered by Mrs. Eleanor E. Buckley, Bryn Mawr, Pa., who discusses the relative potency of rattlers and moccasins with the easy familiarity of a housewife comparing brands of tea.

Mrs. Buckley works with Philadelphia's Wyeth Laboratories. One of her jobs: spreading knowledge of animal poisons.

"Even excellent doctors," she says, "often go through their careers without getting a chance to study venoms and what to do about them. Certainly, we're not plagued by snakes as much as some countries, but it does happen that people are bitten, often with deadly results. And those deaths are usually needless."

**Awarded Fellowship:** Mrs. Buckley is considered one of a handful of women whose detailed knowledge of

animal poisons and antidotes is sought from coast to coast. She recently was awarded a fellowship by the American Medical Writers' Assn., the only woman in the East to be so honored for venom work.

Much of her interest has centered on debunking the long-accepted methods of combatting snake poisoning—incision, tourniquets and suction.

"Victims who survived with that treatment," she declares, "probably would have survived anyway. Being bitten doesn't always mean that you've been envenomated. The snake can withhold its venom at will. It doesn't have to give you the full dose, or any of the poison, for that matter."

No snake venom, she points out, has been completely analyzed, nor has it been determined exactly what causes death after snake bite.

**Purely Intellectual:** Her work, she says, is "singularly undramatic, mostly reading and writing behind closed doors."

Although familiar with snake poison lore, Mrs. Buckley's acquaintance with snakes is purely intellectual.

"I have handled a few non-poisonous ones in the lab," she says. "I rather like them. I've never handled a venomous snake and I hope I'll never have to. I know enough of what they can do. Even if it's only in self defense."



Mrs. Buckley



## Business Briefs

### Social Security Tax Boost Jan. 1

This is a reminder to physicians that after Jan. 1 you'll be required to pay increased Social Security taxes on wages of employees, including domestic help. New rate is 2½% as the employer's share, 2½% as the employee's.

Tax boost applies to any payment on or after Jan. 1, even though wages may have been earned earlier. Even a baby sitter will come under the rule if she sits for you twice a week at 50c an hour for five hours each evening. Tax starts on any domestic worker to whom you pay \$50 or more in a calendar quarter.

Another reminder: By Jan. 31 each household employee must receive a statement of wages paid and taxes deducted during previous year. Printed blank for this purpose is Internal Revenue Service Form SS-14. You may want to write district director of IRS for the booklet *Household Employer's Social Security Tax Guide*.

Tax base has been increased from \$4,200 to \$4,800. New tax is expected to increase federal tax collections by \$1.1 billion—about half of which will come from employers. This means a tax increase of \$25.50 per employer and \$25.50 per employee on gross earnings of \$4800.

**Autos:** Air conditioners in autos should be operated periodically in winter to circulate lubricants through bearings and to oil compressor seals to prevent loss of coolants, auto manufacturer advises. "Convertible top mechanisms should be operated at least once a month, but tops can be damaged if lowered when temperature is below freezing. . . . New Jersey auto speeders convicted of driving over 60 mph on highways, over 70 on turnpikes, will lose their driver's licenses for 30 days. Repeated offenses will bring suspensions for longer periods. Offenders from other states may be banned from New Jersey highways.

**New Camera:** Boston U. students have built a new camera that can photograph the earth with sharp clarity from more than 100 miles up. Tested at Pikes Peak it took revealing photos of Denver 65 miles away. Air Force plans to use it in eye-in-the-sky satellites. . . . Internal Revenue Service issues list showing whether tires are subject to manufacturers' excise tax at a rate of eight or five cents a pound. Ask for Revenue Ruling 58-583. . . . Commercial jet air service from New York to Miami now requires only two hours, 15 minutes. Previous time for piston planes: three hours, 50 minutes.

**Parcel Post:** By law, parcel post service must pay its way, but this year officials say fourth-class parcel post is running \$88 million in the red. Postmaster general has asked for approval of rate boosts averaging 17.1% on parcels of one pound or more. . . . Airmail subsidies will jump \$10.4 million to \$61.7 million in fiscal 1960 with about 75% of total going to local feeder airlines. . . . Men's shoes will feel the pinch of a 10% price increase next spring. . . . Construction outlays for first 11 months of 1958 hit \$45 billion, \$700 million ahead of 1957. . . . U. S. Tax Court holds you can take an income tax deduction for interest you pay on an income tax deficiency related to your business.

## Bridge

### MDs Win Tournaments

A Texas physician won top master's honors and two young interns captured the amateur championship at the recent National Bridge Tournament in Detroit.

Dr. John W. Fisher, 33-year-old Dallas internist, teamed up with Mrs. David B. Hawes, 46, Fort Worth, Texas, to win the 1958 open pair championship with a total of 940½ points.

Dr. Fisher, who became the first physician ever to win this title in the 31-year history of the American Contract Bridge League's annual tournament, exclaimed after the triumph:

**The Pinnacle:** "It was a great thrill. Winning this tournament is something all tournament bridge players dream about. . . . It's like reaching the pinnacle of the bridge world."

The team of young interns—Dr. Norman Bolton of Detroit's Harper Hospital and Dr. Richard Menczer of Detroit's Mt. Sinai Hospital—won their title and the Kem Card Trophy going away.

"We were really pointing for this one and played very well," said Dr. Menczer. "We had 439 points to our nearest competitors' 387."

The interns are both 23 years old, but have been playing bridge as a team for years. They went to the same high school in Detroit and completed their undergrad and medical school work together at the University of Michigan.

**Special Convention:** When Dr. Fisher was asked what type of bridge he and Mrs. Hawes play, the Texan replied:

"We lean toward the principles of Charles Goren, but we also use a few special conventions, including 'Stayman Over No-trump' and 'Weak Two Bids.'"

The doctor and Mrs. Hawes have been playing tournament bridge as a team since 1954 when he began private practice in Dallas.

Dr. Fisher is associated in a gastroenterology practice with Dr. Milford Rouse, president of the Southern Medical Assn., and Drs. Cecil O. Pat-



Dr. Fisher and Mrs. Hawes



Dr. Bolton



Dr. Menczer

erson, Herbert Bailey, Clark Douglas, and Crockett Cheers.

**Twice Runnerup:** "Actually," said Dr. Fisher, "I'm so busy with my work that I never play rubber bridge. What time I do have, I devote to tournament bridge."

Dr. Fisher competed in his first national tournament in 1953. He was a runnerup in the national men's team of four in 1954 and 1956, and third in the national men's pair in 1956.

Dr. Fisher is a graduate of Louisiana State University School of Medicine. He interned and completed his residency in internal medicine at Charity Hospital, New Orleans. Dr. Fisher served two years in the Air Force Medical Corps before settling in Dallas.

### Society Studies Insurance Abuse

A committee to work with insurance executives on possible over-use or abuse of health insurance has been named by Dr. Maurice Grier, president of the Omaha-Douglas County Medical Society.

The committee has met with representatives of the insurance field and hospital administrators.

"This is a complex problem and it is quite possible that all three sides—doctors, hospitals, and insurance companies—are partially at fault," said Dr. John Brush, committee chairman. "One of the first tasks is to try to determine just what abuse is."

If a permanent committee is formed, it will work closely with labor-management groups when health insurance is an issue in labor contracts. Dr. Brush pointed out that there have been instances where the coverage wasn't all the rank and file union membership thought it was, thereby leading to bitterness which is invariably directed at the doctor or hospital, not the contract.

### Most Doctors Open Their Own Mail

A survey of 1,508 physicians shows, despite anything that has been said, that doctors do read their direct mail, reports Medical Advertising Service, New York City.

Of the doctors who responded to the mail survey, 759—a little more than 50%—open their own mail, while 749 had their secretaries or nurses open their mail. Of the latter group, 356 gave all mail to the doctors to read and 470 selected mail to pass on.

Seventy-four per cent of the doctors surveyed looked at or read all of their incoming mail, Medical Advertising Service said. Critical comments totaled 202 with 90 of these saying there is too much mail.

### Chairman Re-elected

Dr. Leland S. McKittrick was re-elected chairman of AMA's Council on Medical Education and Hospitals at the annual election held at Minneapolis. Dr. James Faulkner was re-elected vice chairman. Both men live at Brookline, Mass. Dr. Edward L. Turner was re-elected secretary.

### Insurers Support Policies for Aged

A more rapid spread of hospital, medical and surgical insurance among people aged 65 and over is sought in a resolution adopted by member companies of the Health Insurance Assn. of America.

Principal features of the resolution are:

- Insurers should minimize refusal to renew health insurance contracts solely because of deterioration of health after issuance.

- Insurers should promptly make available to insurable adults policies which are guaranteed renewable for life.

- Insurers should encourage the sale of permanent health care insurance where the need exists.

- Insurers not now doing so, should promptly offer individual and family hospital, surgical, and medical care coverages to persons now over age 65.

- It is essential that adequate voluntary health insurance be available to broad classes of physically impaired people.

- Insurers should develop and promote soundly financed group basis coverages that will continue after retirement.

- Insurers should encourage the inclusion in group contracts the right to convert to an individual contract on termination of employment.

### Shield Backs AMA Age Plan

Blue Shield Medical Care Plans throughout the nation stand ready to implement the action of the AMA calling for development of medical care coverage at reduced premium rates for "persons over 65 years of age with reduced incomes and very modest resources."

Dr. Donald Stubbs, chairman of the board of the national association of Blue Shield Plans, said each of the 64 Blue Shield Plans in the country will be asked to go to work immediately with local medical groups to draft benefit schedules and rates for coverage that local physicians feel necessary to meet the needs of persons past 65.

Dr. Stubbs said he believed Blue Shield Plans are ideally equipped to assist the medical profession in developing low cost coverage for elder citizens because each plan is operated under local medical society sponsorship. More than 120,000 doctors now are participating in Blue Shield plans.

Some 2½ million persons over 65 now are provided coverage under Blue Shield Plans.

All of the plans cover about 40 million persons, or about one out of four in the nation.

### Home Care Plan Extension Urged

The nursing home should be considered as an extension of the home care program developed in many municipal and voluntary hospitals, believes Dr. James M. Rosen, president of the New York City Nursing Home Assn.

Dr. Rosen said extension of the home care program "is a logical approach because the nursing home patient is actually the home care patient with no home of his own."



## Democrats Urge Medical Spending

The Democratic Advisory Council, composed of elder statesmen and others, favors more federal spending for hospital construction, medical research, hospitalization, and medical care under Social Security.

The latter proposal was successfully opposed by the AMA groups at the last session of Congress.

At a Washington meeting, called to interpret the November Democratic victory and to chart a course for the 86th Congress convening January 7, the council adopted a long set of observations and recommendations.

Prominent in the deliberations were ex-President Harry S. Truman, Adlai Stevenson, Democratic National Chairman Paul Butler (also council chairman), several governors, and state chairmen.

On hospitalization under Social Security, the council recommended:

1. Increase OASI payments one half of one per cent for employer and employee and three quarters of one per cent for self-employed to finance hospital and nursing home insurance for the aged and other beneficiaries.
2. Hospital care to include 50 to 60 days per year, and a limited amount of nursing home care.

The party's advisers also urged elimination of the age 50 requirement for disability payments under Social Security, because "a disabled person is disabled whether he is 25, 40, or 50 years old."

## Classification May Cut Auto Insurance

Some physicians may find their automobile insurance high because they are not properly classified with the insurance company.

Points to check:

- Some companies offer premium discounts up to 15% if your son under 25 who drives your car takes an accredited driver-education course.
- Some give same discount if you install safety belts in your car.
- If you own more than one car, you can get up to a 25% discount by insuring both cars under one policy.
- In most areas you save up to 45% in premiums if you buy a \$100-deductible policy instead of \$50. In case of an accident, the \$100 you pay toward total damages is deductible from income tax.



**ATOMS FOR PEACE** \$75,000 award and gold medalion will be presented to Sweden's Prof. George C. de Hevesy in New York in January. The chemist was cited for his work in the development of radioactive tracer techniques in chemistry and biology.

## AMA Pamphlet Cited by Labor

An AMA pamphlet has been circulated among AFL-CIO officers as containing worthwhile goals for workmen's compensation programs in the various states.

"This is one area—protection for workers who suffer job-incurred injuries—in which the AMA and the AFL-CIO have substantially the same goals," Nelson H. Cruikshank, director of AFL-CIO's Department of Social Security, wrote secretary-treasurers of the state labor groups.

The AMA pamphlet, entitled *Medical Relations in Workmen's Compensation*, sets forth the workmen's compensation program adopted by the House of Delegates in December, 1955.

Circulated with the AMA publication was a second pamphlet, *Trends in Workmen's Compensation: Coverage, Benefits, and Costs*, by Alfred M. Skolnik of the Social Security Administration. Cruikshank described it as "the most complete, over-all survey of coverage, benefits and costs which has been made in recent years."

## Diagnosing Investments

## Rising Business Trends To Usher in New Year

By Carl Holzheimer\*

The economy, as well as your patients' needs examination throughout the year, not just in December. Year-end forecasts are customary, however, and this year almost all will assume a continuation of the rising trend in business and will predict substantial progress.

Such progress will be predicated upon a favorable production background. Industrial production, as measured by the Federal Reserve Board Index, averaged 143 in 1957 and declined to an average of 134 this year. Yet the year ends with two-thirds of the depression decline recovered, and turnarounds in inventory and equipment plans suggest further rise to about 144-6 for 1959.

Such an average would indicate a peak month (or months) of around 150-2, bettering the high of 146 in November and December of 1956. Business at these levels may include earnings improvement for leading companies sufficient to bring the year close to the 1957 record.

**Earnings Encouragement:** Earnings for the Dow-Jones Industrial Average in 1957 were \$36.08. These same 30 companies probably will report earnings of \$27 to \$28 for 1958. Substantial improvement forecasted into 1959 will not be as exciting as it sounds. A 25% increase (a figure widely used) would bring earnings to about \$34, still below 1957.

If the moderately severe recession of 1958 does nothing more than provide one year of earnings interruption, followed by a return to figures almost equivalent to the 1957 high, it will lend encouragement to those who believe that our dynamic economy continues with "non-stoppable" momentum. Whether this is a "new era" or not, 1959's opening will make it seem so.

A political preview would necessarily emphasize the possible conflict between the Democratic Congress and Eisenhower's determination to keep the budget under control—to keep it around \$78 billion.

There is talk that he hopes to accomplish this objective by reductions in farm and veteran programs, both politically sacrosanct and unlikely to yield the saving that he will present to Congress.

A balanced budget would be difficult to achieve if it depended only upon events within the United States. Unfortunately, this is not the case. Russia is involved. Difficulties in Berlin, in the Near East, or in other areas will make reduction in defense expenditures well-nigh impossible. They may, depending upon the threat involved, make increases well-nigh certain.

**Inflation and Deflation:** A political preview must include the possibility that labor's power will be greater in Congress. While this is "inflationary" insofar as it affects budgetary policy, spending, interest rates, and a variety of monetary matters, it can be "deflationary" insofar as it relates to the confidence of owners of individual business or stock holders of large companies. While there may be some discouraging developments in this area, it is unlikely that they will upset basic inflationary convictions that developed in 1958's second half.

With upward trends ushering in the new year, 1959 may be one more year during which stocks will prove attractive long term holdings, cash and bonds unattractive. And this in spite of the fact that current levels are no longer "cheap." While disappointments can come from the optimism with which the year will open, they are unlikely to affect the basic long term trend.

\*Partner, Security Supervisors, Investment Counsel, Chicago.

# Drug Industry Shows a Rapid Rate of Change

A government report says the rate of change in the pharmaceutical industry has been so rapid that progress in the past few decades may well have exceeded that of several centuries before.

Writing in the October issue of Public Health Reports, Lucy M. Kramer, Public Health Service research analyst, said:

"In 1916, almost 80% of the basic drugs were of botanical origin, 10% of organic chemical origin, and 10% of inorganic chemical origin. In 1955, the use of botanicals had dropped to 30%, organic chemicals had risen to 50%, and inorganic chemicals to 20%.

"Botanical sources have been replaced by organic chemical sources that are more easily available, more concentrated, more easily controlled in their manufacture, and more specifically effective."

**Rapid Change:** The article noted that the period of most rapid change began in 1937 with the advent of sulfa

drugs, followed by penicillin (1940), streptomycin (1946), antihistamines (1947), cortisone, ACTH, and hydrocortisone (1950-51), chlortetracycline, chloramphenicol, and oxtetracycline (1950), rauwolfia and certain types of psychopharmacologic agents (1953).

"Since 1948," the article continued, "more than 3,000 new prescription drug items have entered the market, each with an average life span of two to five years, and the forecast for new drugs looks even busier."

The research analyst pointed out that the so-called "miracle drugs" have lowered national death rates and reduced acute communicable diseases in the following ways:

- Deaths from influenza-pneumonia have decreased 75%.
- Deaths from principal diseases of childhood—scarlet fever, streptococcal sore throats, diphtheria, whooping cough, measles—dropped from 10 deaths per 100,000 children in 1945 to 1 death per 100,000 in 1955.
- Deaths from all infectious diseases fell from 676.2 per 100,000 in 1900 to 44.3 per 100,000 in 1956.

Sales of pharmaceuticals have increased along with the development of new drugs.

**Volume Increases:** The article said volume of manufactured prescription pharmaceuticals increased from \$250 million in 1929 to more than \$2 billion in 1956.

In dollar value of total prescriptions filled, antibiotics today account for about 25%.

About seven cents of every dollar spent for drugs in Public Health Service hospitals in fiscal 1957 was for psychopharmacologic medications, and this proportion is expected to go higher in 1958.

According to the research analyst, other types of changes have taken place in the drug industry. The role of the pharmacist has changed from that of compounder to a dispenser of drugs.

Also, dosage and dosage forms have become more concentrated and standardized, generally in tablet form.

The article cited significant cost and price trends since the 1900's.

**Drugs Are Costly:** Generally speaking, the price of drugs has been high for new items, with the cost falling as production of the pharmaceutical increases or as the drug becomes obsolete.

The average price per prescription has doubled since 1946 and more than tripled since 1929.

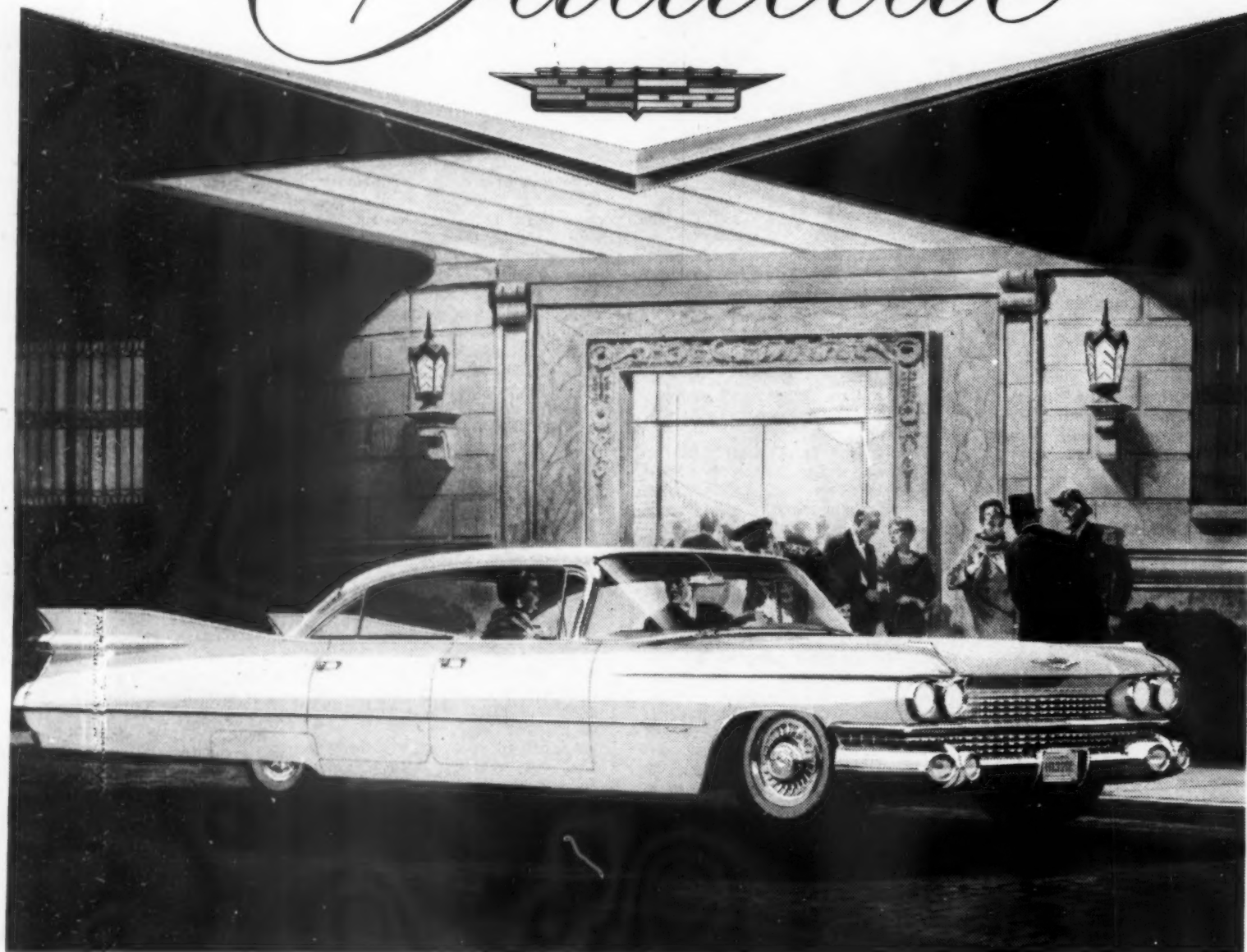
However, these costlier drugs "have been instrumental in reducing the total medical outlays and shortening hospital stays."

As a natural outgrowth of their greater use, drug costs as part of hospital costs have risen more than other components in the hospital dollar.

The article concluded that new drugs still are needed for the treatment of mental illness, certain forms of cancer, hypertension and other circulatory ills, degenerative diseases, a number of still resistant viral diseases, and for the management of nutrition.



# Cadillac



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